

Cumberland Plateau (PDC 2) Coordinated Human Service Mobility Plan

Counties: Buchanan, Dickenson,
Russell, and Tazewell

June 2008

prepared for

Virginia Department of Rail and Public Transportation

prepared by

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**Cumberland Plateau (PDC 2)
Coordinated Human Service Mobility Plan
June 2008**

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I. Executive Summary

This Coordinated Human Service Mobility (CHSM) Plan is prepared in response to the coordinated planning requirements of SAFETEA-LU (Safe, Accountable, Flexible, Efficient Transportation Equity Act – A Legacy for Users, P.L. 190-059), set forth in three sections of the Act: Section 5316-Job Access and Reverse Commute (JARC), Section 5317- New Freedom Program, and Section 5310-Elderly Individuals and Individuals with Disabilities Program. The coordinated plan establishes the construct for a unified comprehensive strategy for transportation service delivery in the Cumberland Plateau Planning District (PDC 2) that is focused on unmet transportation needs of seniors, people with disabilities, and individuals of low income.

This CHSM Plan details the coordinated transportation planning process for PDC 2, and includes the following four required elements:

1. An assessment of available services identifying current providers (public and private).

Information on available transportation services and resources in PDC 2 is included in Section VI.

2. An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes – this assessment can be based on the experiences and perceptions of the planning partners or on data collection efforts and gaps in service.

For PDC 2, analysis of demographic and potential destinations is included in Section V, and assessment of unmet transportation needs and gaps is contained in Section VII.

3. Strategies and/or activities and/or projects to address the identified gaps between current services and needs, as well as opportunities to improve efficiencies in service delivery.

The 11 strategies identified during the planning process are located in Section VIII.

4. Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities identified.

The prioritized strategies and projects for implementation for PDC 2 are included in Section IX.

Approach to the CHSM Plan

Ultimately, the CHSM Plan must:

- Serve as a comprehensive, unified plan that promotes community mobility for seniors, persons with disabilities, and persons of low income;
- Establish priorities to incrementally improve mobility for the target populations; and
- Develop a process to identify partners interested, willing, and able to promote community mobility for the target populations.

To achieve these goals, the planning process involved:

- Quantitative analyses to identify resources, needs and potential partners;
- Qualitative activities included public meetings with major agencies and organizations funding human services, with representative direct service providers, and with consumers representing the target group constituencies; and
- An inventory of available public transit services to provide initial informational tools to the target populations and their representatives.

In addition, this plan includes information on an ongoing structure for leading CHSM Plan updates and facilitating coordination activities in the region.

II. Introduction

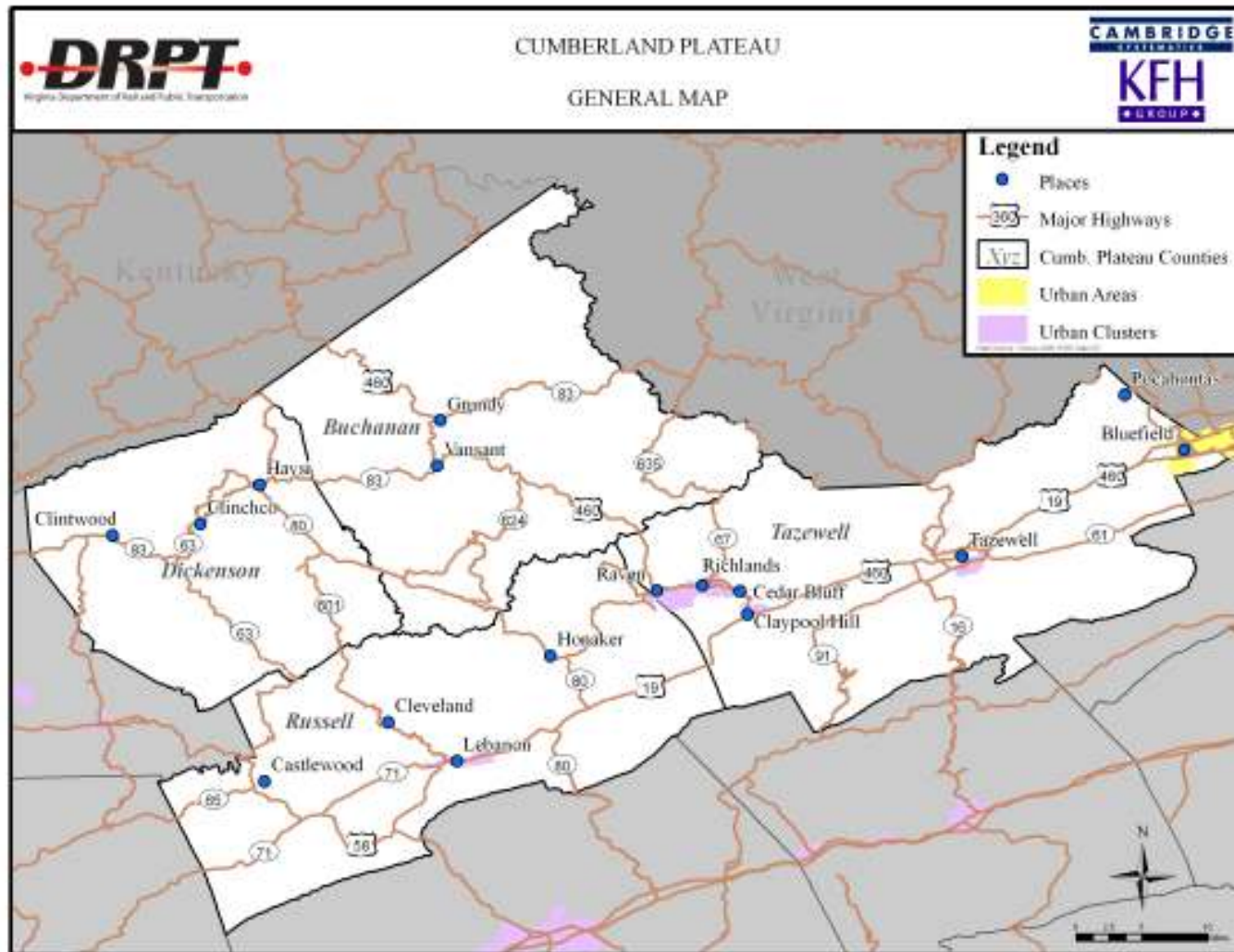
The Federal legislation that provides funding for transit projects and services includes new coordinated planning requirements for the Federal Transit Administration's (FTA) Section 5310 (Elderly Individuals and Individuals with Disabilities), Section 5316 (JARC), and Section 5317 (New Freedom) Programs. To meet these new requirements, the Virginia Department of Rail and Public Transportation (DRPT) undertook the development of CHSM Plans for rural and small urban areas of the Commonwealth. While these plans focus on the elements of the FTA coordinated planning requirements, as suggested by the title, these plans also take a broad view of the mobility issues faced daily by older adults, people with disabilities, and people with lower incomes in Virginia.

The CHSM Plans are organized geographically around 21 Planning District Commissions (PDCs) throughout the Commonwealth. The PDCs have been chartered by the local governments of each planning district under the Regional Cooperation Act to conduct planning activities on a regional scale.

This CHSM Plan is for the Cumberland Plateau Planning District (PDC 2). Shown in Figure 1, PDC 2 is located in the southwest corner of the Commonwealth, and includes Buchanan, Dickenson, Russell, and Tazewell Counties. PDC 2 is rural in nature with scattered populations and dispersed destinations, presenting distinct transportation needs for older adults, people with disabilities, and people with lower incomes.

The plan development featured continuous input from local stakeholders. A series of workshops was conducted to gather input on unmet transportation needs and issues, and to reach consensus on specific strategies to address the mobility needs of older adults, people with disabilities, and people with lower incomes in the region. More information on outreach activities is included in Section IV.

Figure 1. Geography of Cumberland Plateau (PDC 2)



III. Background

In August 2005, the President signed into law SAFETEA-LU, legislation that provides funding for highway and transit programs. SAFETEA-LU includes new planning requirements for the FTA's Section 5310 (Elderly Individuals and Individuals with Disabilities), Section 5316 (JARC), and Section 5317 (New Freedom) Programs, requiring that projects funded through these programs "must be derived from a locally developed, coordinated public transit-human services transportation plan."

In March 2006, the FTA issued proposed circulars with interim guidance for Federal FY 2007 funding through the Section 5310, JARC, and New Freedom Programs, including the coordinated planning requirements. Circulars with final guidance were issued on March 29, 2007, with an effective date of May 1, 2007. The final guidance noted that all grant funds obligated in Federal FY 2008 and beyond must be in full compliance with the requirements of these circulars and the coordinated plan requirement¹. As the designated lead agency and recipient of Federal transit funds in Virginia—including the Section 5310, JARC, and New Freedom Funds—DRPT led the development of CHSM Plans for rural and small urban areas to meet these new Federal requirements.

3.1 Coordinated Plan Elements

FTA guidance defines a coordinated public transit-human service transportation plan as one that identifies the transportation needs of individuals with disabilities, older adults, and people with low incomes; provides strategies for meeting those local needs; and prioritizes transportation services for funding and implementation. In total, there are four required plan elements:

- An assessment of available services that identifies current providers (public, private, and non-profit);
- An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes;

¹ The final guidance from FTA on the coordinated planning requirements for the Section 5310, JARC, and New Freedom Programs can be found in Appendix A.

- Strategies, activities, and/or projects to address the identified gaps and achieve efficiencies in service delivery; and
- Relative priorities for implementation based on resources, time, and feasibility for implementing specific strategies/activities identified.

3.2 Funding Program Descriptions

Section 5310 (Elderly Individuals and Individuals with Disabilities)

The Federal grant funds awarded under the Section 5310 Program provide financial assistance for purchasing capital equipment to be used to transport the elderly and persons with disabilities. Private non-profit corporations are eligible to receive these grant funds. The Section 5310 grant provides 80% of the cost of the equipment purchased, with the remaining 20% provided by the applicant organization. The 20% must be provided in cash by the applicant organization, and some non-transportation Federal sources may be used as matching funds.

Federal Section 5310 funds are apportioned annually by a formula that is based on the number of elderly persons and persons with disabilities in each State. DRPT is the designated recipient for Section 5310 funds in Virginia.

Section 5316 (JARC)

The JARC Program provides funding for developing new or expanded transportation services that connect welfare recipients and other low income persons to jobs and other employment related services. DRPT is the designated recipient for JARC funds in areas of the Commonwealth with populations under 200,000 persons. Projects are eligible to receive funding for both capital (80/20 match) and operating (50/50 match) costs.

From its inception in Federal FY 1999, the JARC program funds were allocated to States through a discretionary process. The SAFETEA-LU legislation changed the allocation mechanism to a formula based on the number of low-income individuals in each State. The legislation also specifies, through this formula mechanism, that 20% of JARC funds allocated to Virginia must go to areas with populations under 200,000.

Mobility management projects are eligible for funding through the JARC Program, and are considered an eligible capital cost. Therefore, the Federal share of eligible project costs is 80% (as opposed to 50% for operating projects). Additional information on potential mobility management projects is included in Appendix B.

Section 5317 (New Freedom Program)

The New Freedom Program provides funding for capital and operating expenses designed to assist individuals with disabilities with accessing transportation services, including transportation to and from jobs and employment support services. Projects funded through the New Freedom Program must be both new and go beyond the requirements of the Americans with Disabilities Act (ADA) of 1990.

New service has been identified by FTA as any service or activity not operational prior to August 10, 2005, and one without an identified funding source as of August 10, 2005, as evidenced by inclusion in the Transportation Improvement Plan (TIP) or the State Transportation Improvement Plan (STIP).

Similar to the JARC Program, DRPT is the designated recipient for New Freedom funds in areas of the State with populations under 200,000 persons. Similar to JARC, a total of 20% of New Freedom funds are allocated to these areas. Projects are eligible for funding for both capital (80/20 match) and operating (50/50 match) costs. Also, like JARC, mobility management projects are eligible for funding and are considered an eligible capital expense.

An overview of these FTA Programs is included in Table 1.

Table 1. Program Information

FTA Program	Match Ratios
S. 5310 – Elderly and Disabled	<u>Capital Only:</u> 80% Federal 20% Local
S. 5316 – JARC	<u>Capital:</u> 80% Federal 20% Local <u>Operating:</u> 50% Federal 50% Local
S. 5317 – New Freedom	<u>Capital:</u> 80% Federal 20% Local <u>Operating:</u> 50% Federal 50% Local

Matching Funds for Section 5310, JARC, and New Freedom Programs

FTA guidance notes that matching share requirements are flexible to encourage coordination with other Federal programs. The required local match may be derived from other non-Department of Transportation Federal programs. Examples of these programs that are potential sources of local match include employment training, aging, community services, vocational rehabilitation services, and Temporary Assistance for Needy Families (TANF).

More information on these programs is available in Appendix C, and on the United We Ride Website at <http://www.unitedweride.gov>. United We Ride is the Federal initiative to improve the coordination of human services transportation.

3.3 Coordination of Public Transit and Human Service Transportation in PDC 2

As part of its outreach efforts in the coordinated transportation planning process, DRPT hosted a series of regional workshops in each PDC. Details regarding the outreach efforts in PDC 2 are outlined in the next section. The initial workshop included a discussion of current and potential efforts to improve coordination of public transit and human services transportation. Participants also discussed ways to improve mobility options for older adults, people with disabilities, and people with low incomes. This general discussion highlighted various functions to improve coordination of services:

- Goals of Coordination:
 - More cost-effective service delivery
 - Increased capacity to serve unmet needs
 - Improved quality of service
 - Services which are more easily understood and accessed by riders
- Benefits of Coordination:
 - Gain economies of scale
 - Reduce duplication and increase efficiency
 - Expand service hours and area
 - Improve the quality of service
- Key Factors for Successful Coordination:
 - Leadership – Advocacy and support, instituting mechanisms for coordination
 - Participation – Bringing the right State, regional, and local stakeholders to the table
 - Continuity – Structure to assure an ongoing forum; leadership to keep the effort focused, and able to respond to ever-changing needs

A more specific discussion at the local workshop identified Four County Transit as the key agency for providing coordinated service in PDC 2. More information on Four County Transit services is included in "Table 3. Inventory of Available Services" in Section VI of this plan.

IV. Outreach Efforts

FTA guidance notes that States and communities may approach the development of a coordinated plan in different ways. Potential approaches suggested by FTA include community planning sessions, focus groups, and surveys. DRPT took a broad approach that would help ensure the participation of key stakeholders at the local level throughout the development of this plan. It included the development of an extensive mailing list, a series of local workshops, and numerous opportunities for input and comments on unmet transportation needs and potential strategies and projects to improve mobility in the region.

4.1 Invitations to Participate in Plan Development

The development of the invitation list for all potential regional workshop attendees capitalized on the established State Interagency Transportation Council, which includes the Departments of/for Rail and Public Transportation; Rehabilitative Services; the Aging; the Blind and Vision Impaired; Medical Assistance Services; Mental Health, Mental Retardation and Substance Abuse Services; Social Services; and Health; as well as the Office of Community Integration (Olmstead Initiative) and the Virginia Board for People with Disabilities. Representatives of each agency were asked to attend at least one of the regional CHSM planning workshops, and to inform and invite other interested staff from their agency or agencies with whom they contract or work. In addition, special contacts by DRPT were made with each PDC Executive Director regarding the need for PDC participation, leadership, and involvement in the regional CHSM workshops. A presentation was also made during a conference of PDC staff to obtain input on the CHSM workshops and encourage involvement by the PDCs.

Key stakeholders throughout the Commonwealth also received digital invitations from Matthew Tucker, Director of DRPT. The invitation was forwarded to the Executive Director of all primary agencies responsible for providing or arranging human service transportation, and any entity that has previously participated in the Section 5310 Program.

Overall, eight broad categories of agencies received invitations (total number of agencies per category in the Commonwealth included in parentheses):

- Community Services Boards (CSBs) and Behavioral Health Authorities (BHAs). These boards provide or arrange for mental health, mental retardation, and substance abuse services within each locality. (40 total)
- Employment Support Organizations (ESOs). These organizations provide employment services for persons with disabilities within localities around the State. (48 total)
- Area Agencies on Aging (AAAs). These organizations offer a variety of community-based and in-home services to older adults, including senior centers, congregate meals, adult day care services, home health services, and Meals-on-Wheels. (22 total)
- Public Transit Providers. These include publicly or privately owned operators that provide transportation services to the general public on a regular and continuing basis. They have clearly published routes and schedules, and have vehicles marked in a manner that denotes availability for public transportation service. (50 total)
- Disability Services Boards. These boards provide information and resource referrals to local governments regarding the ADA, and develop and make available an assessment of local needs and priorities of people with physical and sensory disabilities. (41 total)
- Centers for Independent Living (CILs). These organizations serve as educational/resource centers for persons with disabilities. (16 total)
- Brain Injury Programs that serve as clubhouses and day programs for persons with brain injuries. (12 total)
- Other appropriate associations and organizations, including Alzheimer's Chapters, American Association of Retired Persons, and the VA Association of Community Services Boards (VACSB).

4.2 Regional Workshops

DRPT conducted an initial round of regional workshops throughout Virginia, and representatives of PDC 2 participated in the Wytheville workshop on April 17, 2007. This workshop included an overview of the new Federal requirements and Virginia's approach, information on the Section 5310, JARC, and New Freedom Programs, and a presentation of the Census-based demographic data for the region.

The workshop also included the opportunity to gain input from participants on unmet transportation needs and gaps. The majority of time in the workshop was dedicated to obtaining input on the local transportation needs of older adults, people with disabilities, and people with lower incomes, and on available transportation resources.

Participants from PDC 2 were invited to a subsequent workshop, held in Marion, VA on November 15, 2007. This workshop focused on potential strategies and projects to meet the needs identified in this plan, and the priorities for implementation. Participants provided comments on the proposed strategies, and approved the ones included in Section VIII.

A third workshop for PDC 2 was held in Marion, VA on May 15, 2008. This workshop included a review of the April 2008 CHSM Plan and final agreement on the components of this June 2008 version. The coordinated planning participants also provided a more formal endorsement of the CHSM Plan that is detailed in Section X. The workshop also featured an announcement from DRPT regarding the next application cycle.

A full listing of workshop participants is included in Appendix D.

4.3 Opportunities to Comment on Plan

In addition to the comments obtained during the regional workshops, local stakeholders received preliminary portions of this plan to review, as well as draft versions of the entire plan. Their comments were incorporated into this CHSM Plan.

V. Demographics and Potential Destinations

To provide an informational framework for PDC 2's CHSM Plan, data on potentially transit dependent populations and on potential destinations were collected and analyzed using Geographic Information Systems (GIS) and other data analysis tools.

5.1 Methodology

The process of assessing transportation needs was a multi-part effort that involved reviewing and summarizing the demographic characteristics of the PDC and the potential destinations, which reflect potential travel patterns of residents. To evaluate transportation needs specific to each population group, Census 2000 data for persons over age 60, persons with disabilities (age 5 and older), persons living below the poverty level, and autoless households were mapped. Autoless households are a helpful indicator of areas that are more likely to need transportation options because residents do not have access to a personal vehicle or cannot drive for various reasons.

The underlying data, at the block group level, for the potentially transit dependent populations and autoless households are included in Appendix E. Mapping the geographic distribution of each population helped to visualize the analysis of high, medium, and low levels of transportation need throughout the region. Numbers for these four population segments were then combined into aggregate measures of transportation need, and evaluated by both density and percentage of potentially transit dependent persons. This population profile was used to identify areas of the PDC that have either high densities of persons in need of transportation services or high percentages of the population with such needs. General population density was also mapped to compare the PDC's areas of high density with areas of high numbers of potentially transit dependent persons, portrayed in the maps for each population segment.

The results of the process are summarized in this section, and are intended to help identify major factors in the coordinated transportation planning process: 1) those geographic areas of the PDC that have high relative transportation needs, and whether these areas are served by existing transportation services; and 2) the potential destinations that older adults,

people with disabilities, and people with lower incomes need transportation to access.

5.2 Demographics

Population Density

Population density is an important indicator of how rural or urban an area is, which in turn affects the types of transportation that may be most viable. Fixed-route transit is typically more practical and successful in areas with 1,000-2,000 or more persons per square mile, while specialized transportation services are usually a better fit for rural areas with less population density.

As shown in Figure 2:

- The vast majority of the region has a low-density population, with only a few areas with a population density over 500 people per square mile.
- Cedar Bluff and Richlands are the only towns with population densities in the medium range, between 1,000 and 2,000 persons per square mile.
- Bluefield, Claypool Hill, Raven, and Tazewell have low population densities, between 500 and 1,000 persons per square mile.

Numbers of Older Adults, People with Disabilities, and People with Lower Incomes

The numbers of older adults, people with disabilities, and people with lower incomes were mapped in Figures 3, 4, and 5, respectively. While these Figures are helpful indicators of the physical distribution of these population segments, it is important to remember that these numbers cover large areas; therefore, density or a lack thereof will be important in considering the types of transportation that can best serve these populations.

As shown in Figure 3:

- The vast majority of Cumberland Plateau's census block groups contain more than 100 older adults.
- Bluefield, Castlewood, Claypool Hill, Clintwood, Clinchco, Haysi, Lebanon, Pocahontas, Tazewell, and Vansant are among areas with over 200 older adults per census block group.
- With the exception of a block group south of Vansant and one east of Bluefield that are each in the low range, the rest of the PDC is in the medium range, with 100-200 older adults per census block group.

As shown in Figure 4:

- Claypool Hill, Clinchco, Haysi, and Pocahontas are among the areas with a high number of persons with disabilities. Central Russell County and a few block groups in northern Buchanan County also have high numbers.
- The majority of Buchanan and Russell Counties and approximately half of Dickenson and Tazewell Counties are in the medium range.
- Clusters of block groups with low numbers of persons with disabilities are spread throughout the PDC, including the southern portions of Dickenson and Tazewell Counties.

As shown in Figure 5:

- All block groups in Dickenson County and the majority in Buchanan and Russell Counties have at least 100 persons below poverty.
- The southern half of Tazewell County, along with patches of Russell County and central Buchanan County are in the low range.

Autoless Households

Persons who have limited access to or ability to use a car rely on other transportation options, including public transit services operated in the region and human service organization-provided transportation that is generally restricted to agency clients.

As shown in Figure 6:

- Raven, Richlands, and Tazewell have higher numbers of autoless households per census block group.
- Bluefield, Clinchco, Cleveland, Honaker, Lebanon, Pocahontas, and Vansant are in the medium range, while the rest of the PDC is in the low range.

Ranked Density and Percentage

As described earlier, the numbers of older adults, persons with disabilities, persons below poverty, and autoless households were combined into an aggregate measure for transportation need. Because an individual may belong to more than one of the key population segments, the absolute numbers of these populations could not simply be added together to obtain a total number of transportation dependent persons. To minimize counting such individuals multiple times when considering all the population segments together, each population segment was ranked. Then all the rankings were summarized to ascertain the block groups' overall ranking for potentially transit dependent persons. This overall ranking was first done by density, which helps identify areas with high concentrations of persons who are likely to have transportation needs.

As shown in Figure 7:

- The highest concentration of potentially transit dependent persons is in Bluefield, Claypool Hill, Clintwood, Lebanon, Honaker, Raven, Richlands, and Tazewell.
- The next highest ranking block groups are located directly outside these towns, as well as around Castlewood, Cleveland, Clinchco, Grundy, Haysi, Vansant, and Pocahontas.
- The rest of the PDC is in the low range for relative transit need based on ranked density.

The block groups were also ranked overall by percentage. Unlike the density ranking that portrays the concentration of transportation dependent persons, the percentage ranking captures the proportion of people within a block group that likely has transportation needs. The percentage ranking indicates that there are potentially transit dependent persons throughout the region that may not live in dense clusters.

As shown in Figure 8:

- This ranking indicates more block groups in the high range.
- The majority of Dickenson County, the western portion of Buchanan County, and patches in northern Russell and Tazewell Counties all have block groups with high relative transit need based on ranked percentage.
- Castlewood and Honaker are among areas that lie in the medium range.
- The southeastern strip of Cumberland Plateau, as well as a few areas in Buchanan, Dickenson, and Russell Counties, have low relative transit need by ranked percentage.

Figure 2. Population Density

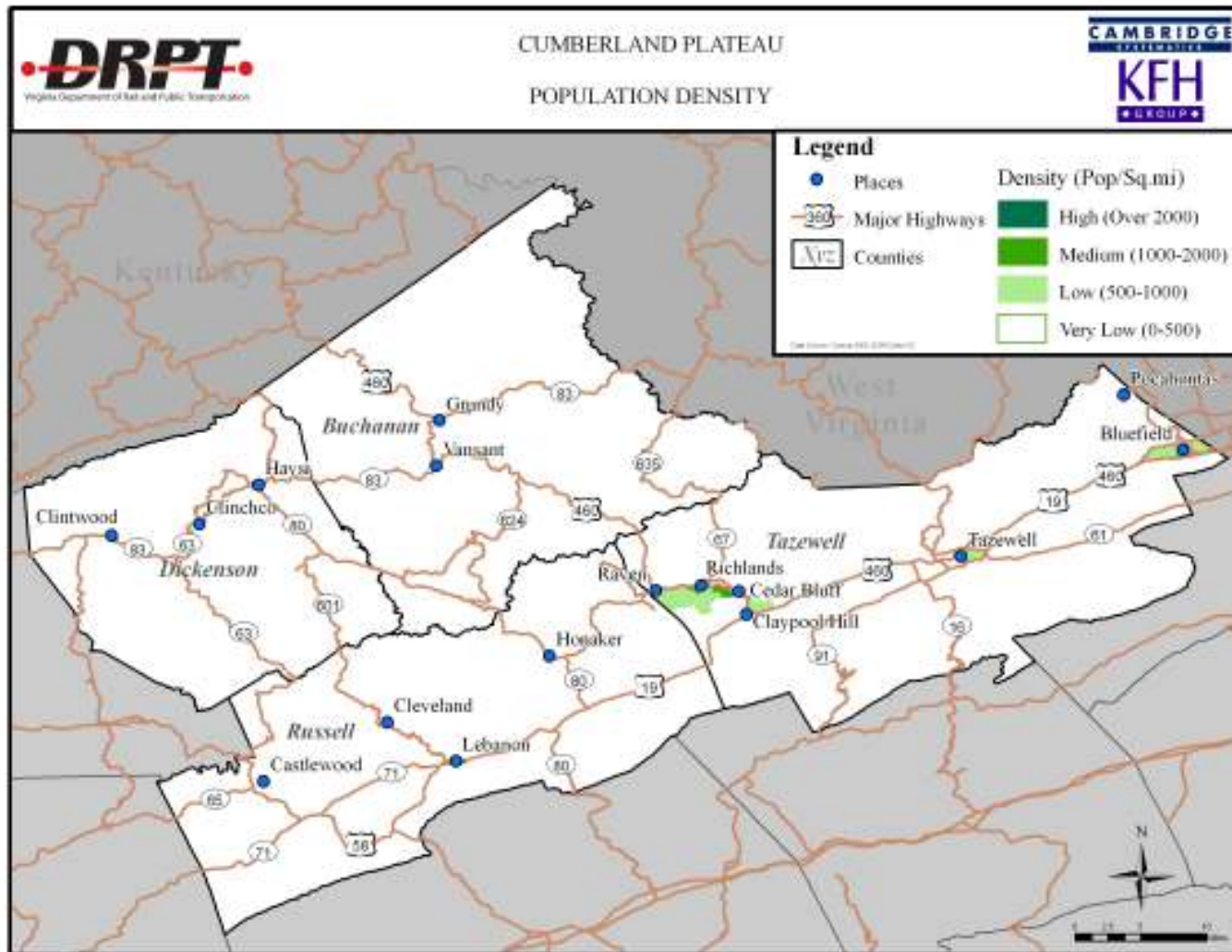


Figure 3. Persons Age 60 and Older Per Census Block Group

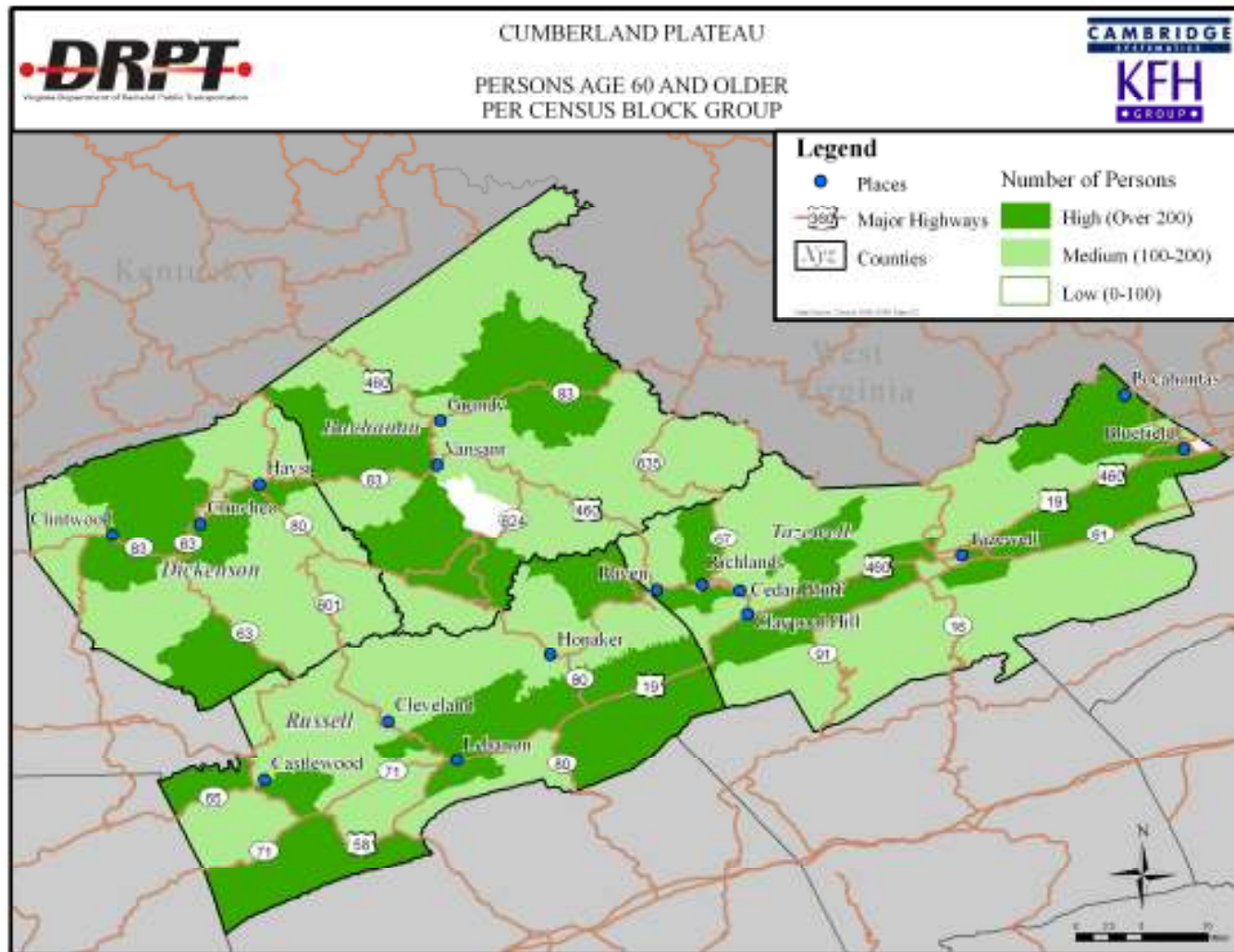


Figure 4. Persons With Disabilities Per Census Block Group

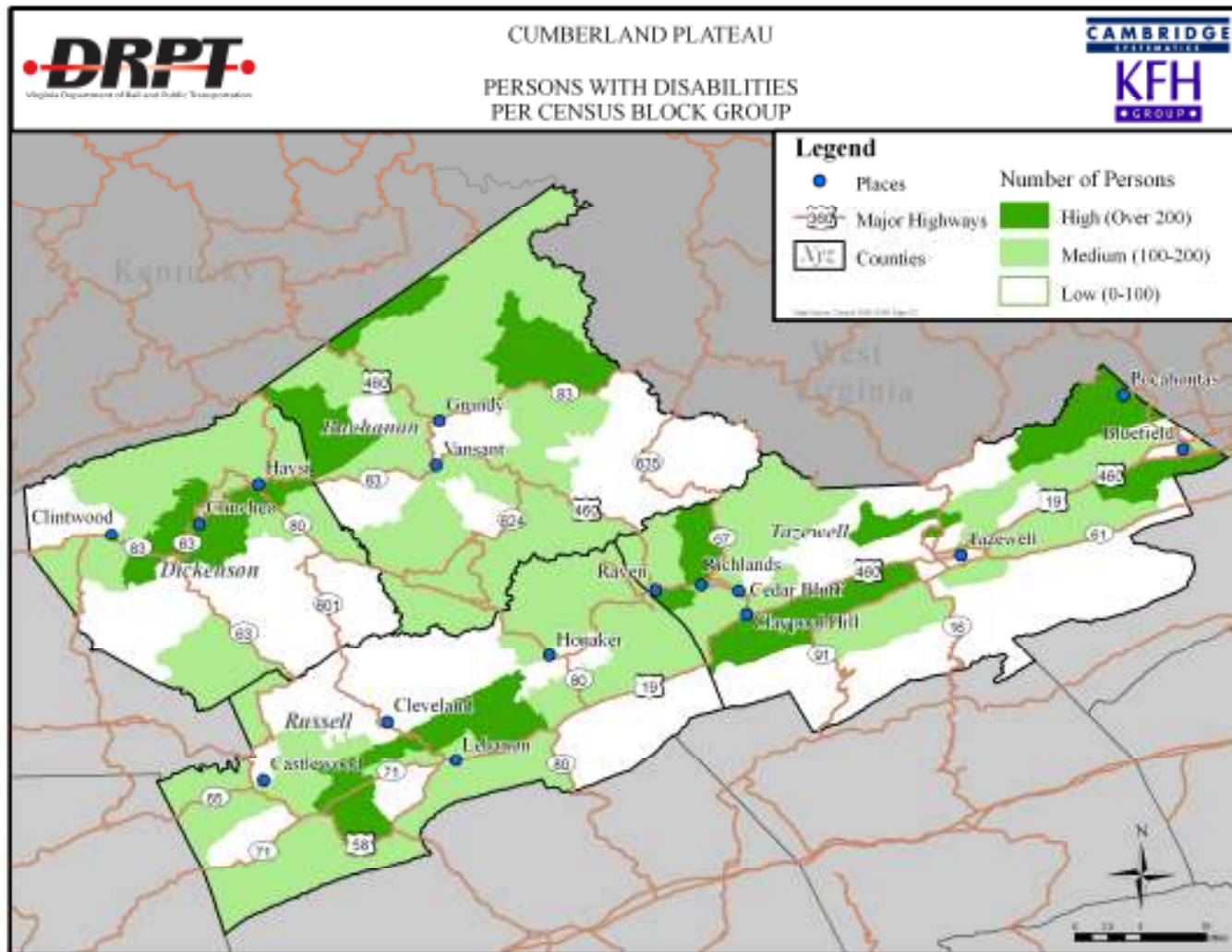


Figure 5. Persons Below Poverty Per Census Block Group

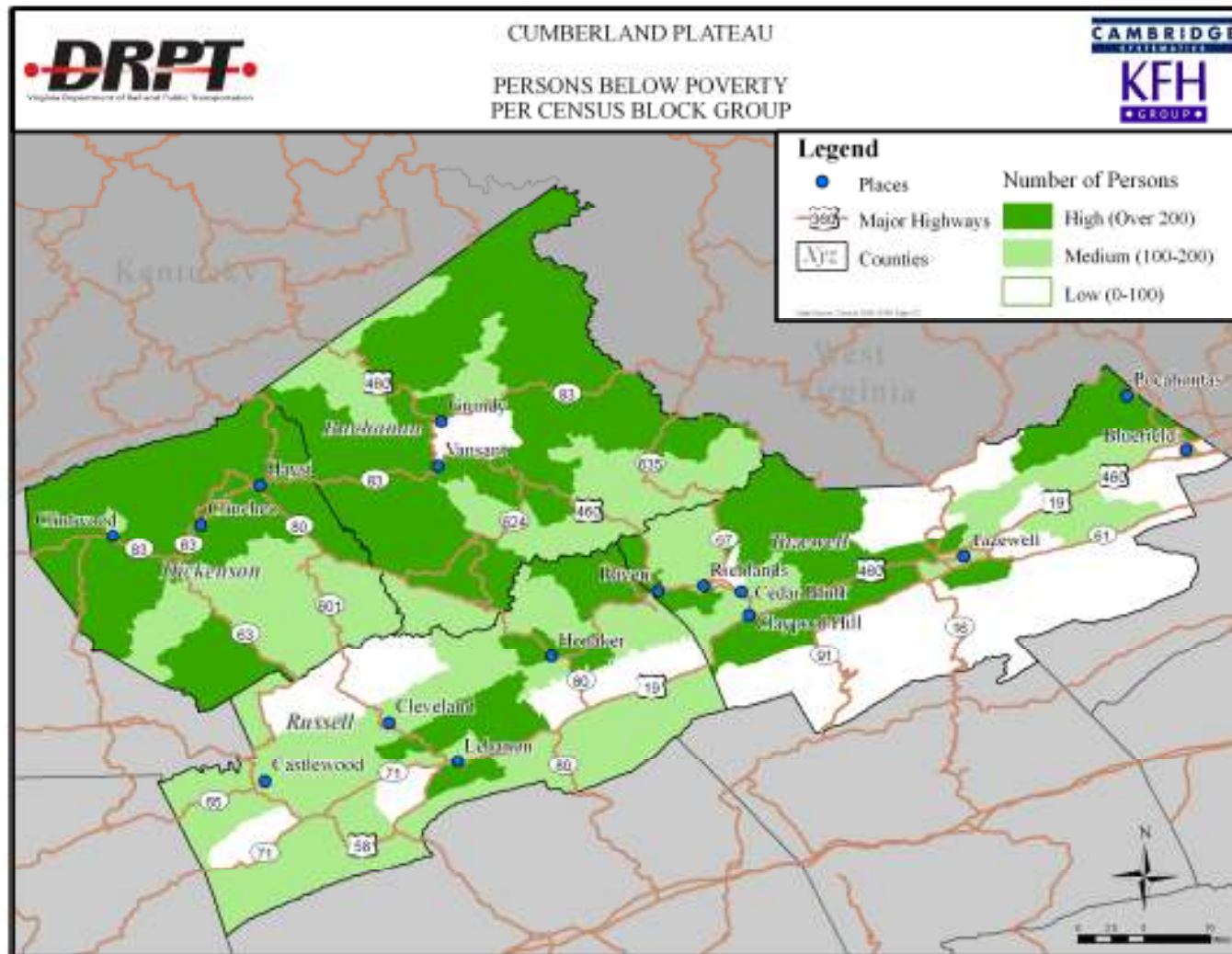


Figure 6. Autoless Households Per Census Block Group

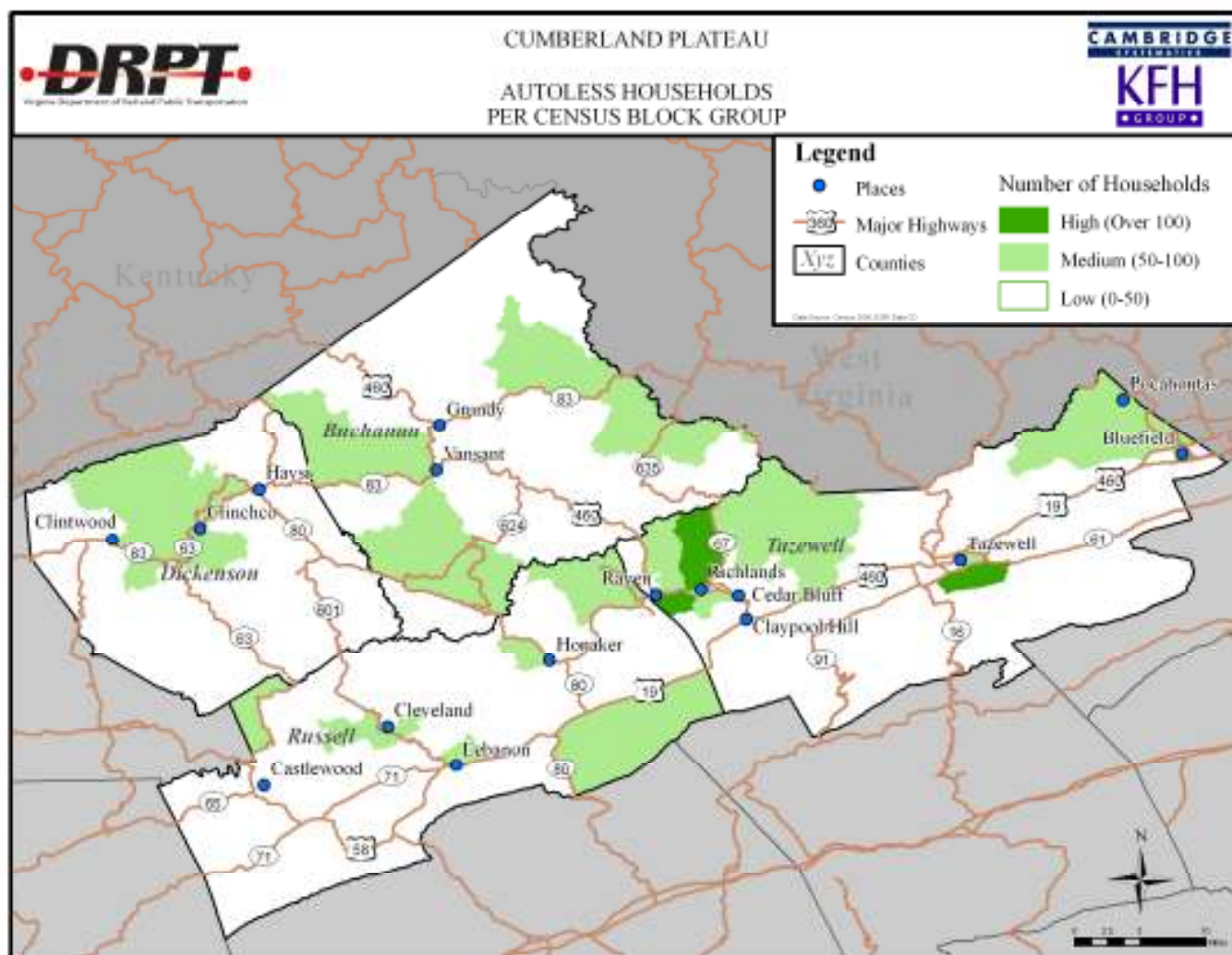


Figure 7. Transit Need by Ranked Density of Transit Dependent Persons

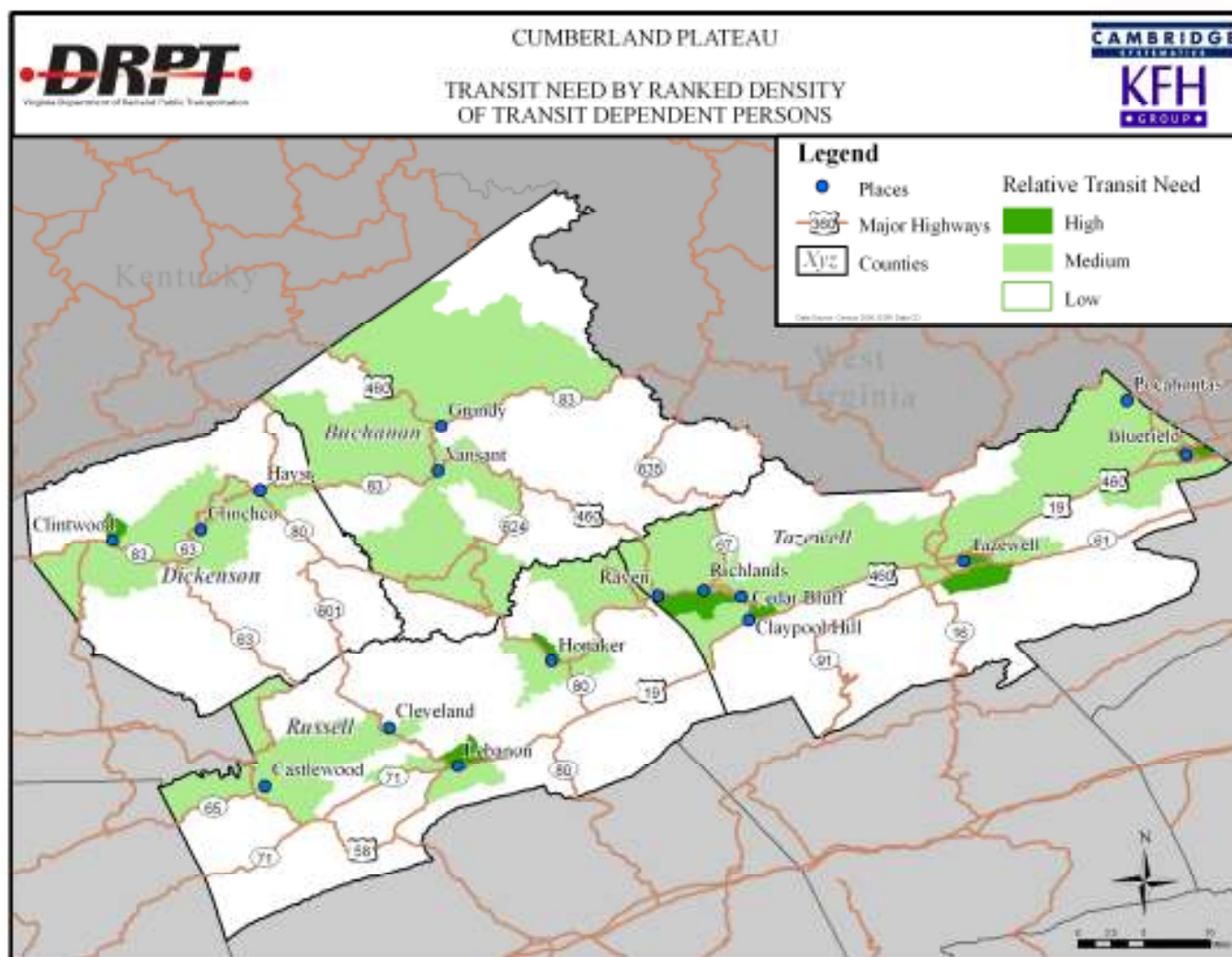
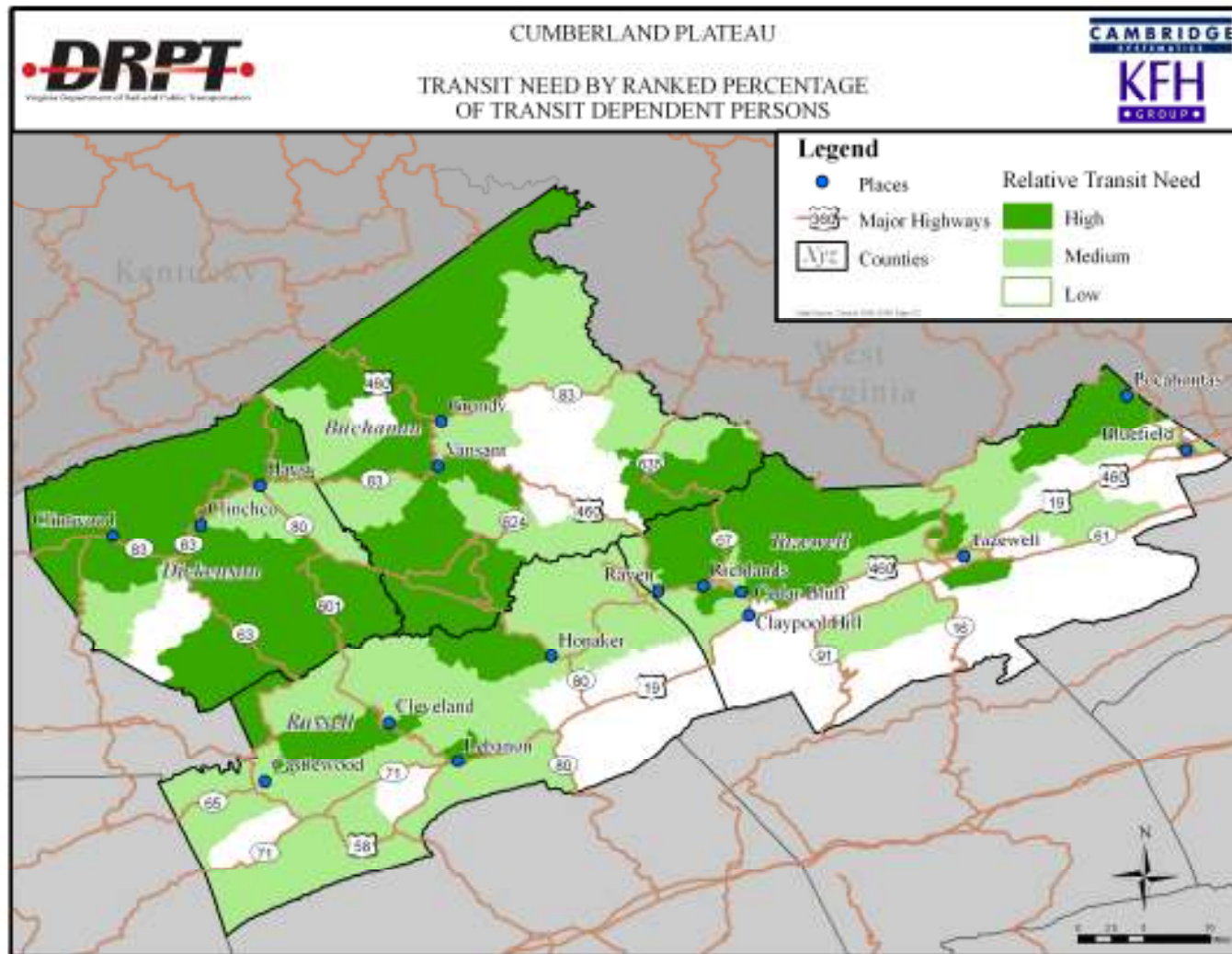


Figure 8. Transit Need by Ranked Percentage of Transit Dependent Persons



5.3 Potential Destinations

Potential destinations are places that residents are attracted to for business, medical services, education, community services, or recreation. They include major employers, medical facilities, educational facilities, human services agencies, and shopping destinations. These destinations were identified using local websites and resources, and supplemented with research through online search engines such as Google. Input regarding key destinations obtained at the regional workshops was also incorporated into this plan. The potential destinations were then mapped with GIS to give a visual representation of popular places to which transportation may be requested by older adults, people with disabilities, and people with lower incomes. The potential destinations were mapped in Figure 9; Table 2 lists the details of the potential destinations.

As shown in Figure 9:

- Potential destinations are spread throughout the PDC, mainly in towns such as Bluefield, Claypool Hill, Clintwood, Lebanon, Richlands, and Tazewell.

Figure 9. Potential Destinations

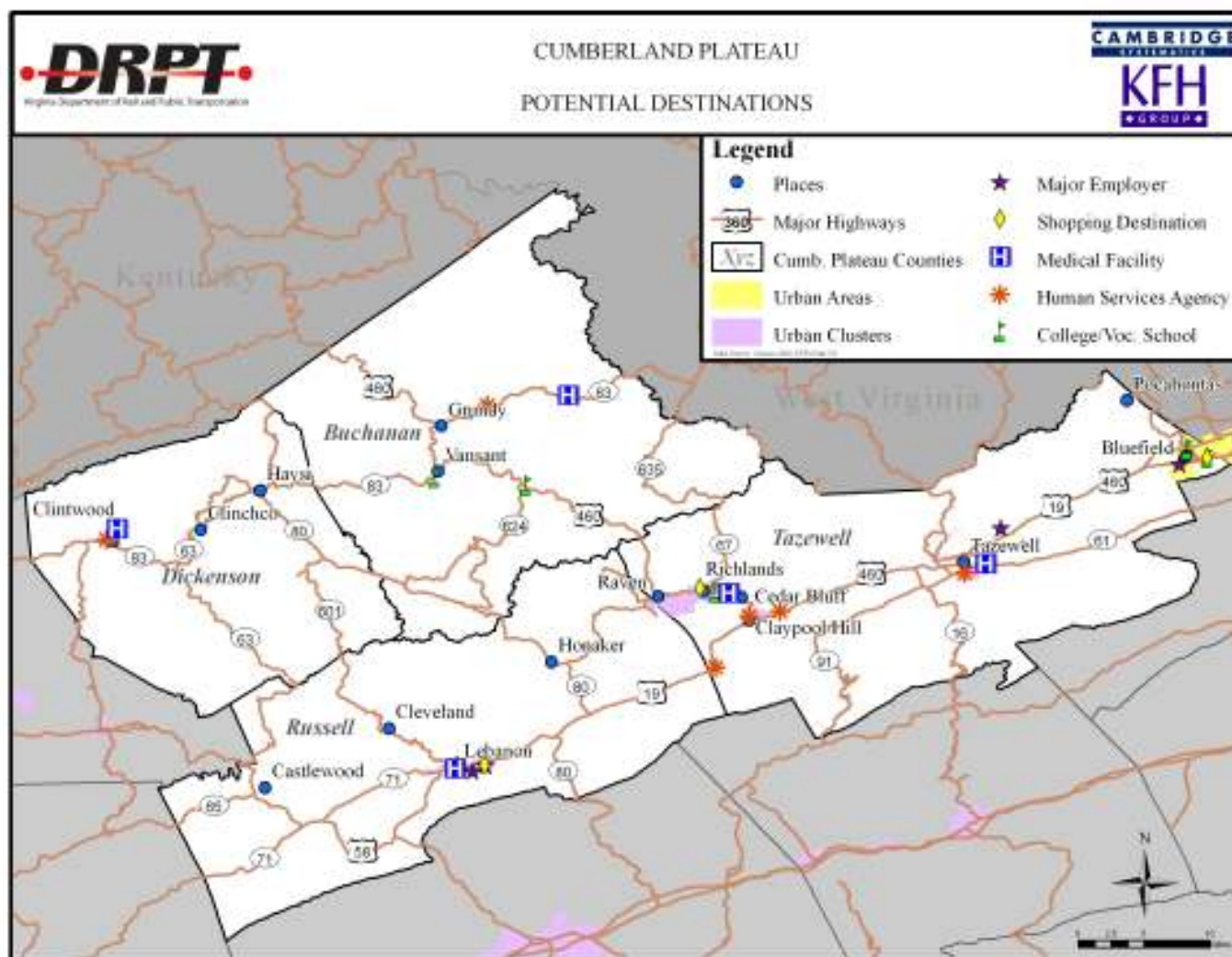


Table 2. Potential Destinations**Cumberland Plateau****Destinations**

Type	Name	Address	City	County
College/Voc School	Southwest Virginia Community College	369 College Rd	Richlands	Tazewell
College/Voc School	University of Appalachia College of Pharmacy-Garden Campus	Garden Creek Rd	Oakwood	Buchanan
College/Voc School	University of Appalachia College of Pharmacy-Slate Creek Campus	Rt 83	Grundy	Buchanan
College/Voc School	National College of Business and Technology	100 Logan St	Bluefield	Tazewell
College/Voc School	Bluefield College	3000 College Dr	Bluefield	Tazewell
Human Services Agency	Buchanan County Department of Social Services (DSS)	Rural Route 5	Grundy	Buchanan
Human Services Agency	Dickenson County Department of Social Services (DSS)	Brush Creek Rd	Clintwood	Dickenson
Human Services Agency	Russell County Department of Social Services (DSS)	155 Rogers St	Lebanon	Russell
Human Services Agency	Appalachian Agency for Senior Citizens, Inc. (AAA)	216 College Ridge Rd	Cedar Bluff	Tazewell
Human Services Agency	Cumberland Mountain Community Services Board	Route 19	Cedar Bluff	Tazewell
Human Services Agency	Surry Department of Social Services (DSS)	45 School St	Tazewell	Tazewell
Human Services Agency	Cedar Bluff VEC Field Office	12061 Governor G C Perry Hwy	Cedar Bluff	Tazewell
Major Employer	Alcoa Wheels	700 Regional Park Rd	Lebanon	Russell
Major Employer	Lear Corporation	600 Regional Park Rd	Lebanon	Russell
Major Employer	Cingular	750 Regional Industrial Park Dr	Lebanon	Russell
Major Employer	Bluefield Beverage	219 Industrial Park Dr	Bluefield	Tazewell
Major Employer	Pemco Corp.	Va State Rt 720	Bluefield	Tazewell
Major Employer	Pyott-Boone Electronics, Inc.	1459 Wittens Mill Rd	North Tazewell	Tazewell
Medical	Buchanan General Hospital	Slate Creek Rd. State Route 83	Grundy	Buchanan
Medical	Dickenson Community Hospital	312 Hospital Drive	Clintwood	Dickenson
Medical	Russell County Medical Center	Carroll & Tate Streets	Lebanon	Russell
Medical	Clinch Valley Medical Center	2949 West Front Street	Richlands	Tazewell
Medical	Tazewell Community Hospital	141 Ben Bolt Ave	Tazewell	Tazewell
Shopping	Wal-Mart Supercenter Store	1050 Regional Park Rd	Lebanon	Russell
Shopping	Wal-Mart Supercenter Store	4001 College Ave	Bluefield	Tazewell
Shopping	Wal-Mart Supercenter Store	13320 GC Peery Hwy	Pounding Mill	Tazewell

VI. Assessment of Available Transportation Services and Resources

In planning for the development of future strategies to address service gaps, it was important to first perform an assessment of the transportation services available in PDC 2. The process included:

- Collection of basic descriptive and operational data for the various programs during the initial workshop. This was achieved through a facilitated session where participants were guided through a catalog of questions;
- Collection of basic descriptive and operational data through a brief, two-page questionnaire distributed to transportation providers; and
- Additional research through the Internet and provider websites.

Table 3 highlights the identified public transit and Medicaid transportation providers in the region:

Table 3. Inventory of Available Services

Agency/ Provider	(1) Client Type	(2) # of Vehicles	(3) Trip Characteristics (Times, Destinations, etc.)	(4) # of Trips
a) Four County Transit	General public, disabled, elderly, college transportation service, private pay and fee service (charter), and nutrition clients	48 vehicles – vans and buses (24 wheelchair equipped)	Deviated fixed-route, Monday – Friday 5:30 AM – 6:00 PM, fare \$1.00 per trip	98,715 in FY06
b) Graham Transit	Public transportation	4 (all accessible)	Deviated fixed-route (3 in Bluefield and 1 in Pocahontas), Monday – Friday and 1st Saturday of each month, 7:00 AM – 6:00 PM, \$0.25 fare	1,800 trips per week
c) LogistiCare (serves entire state of VA through 7 regions)	Broker for non-emergency transportation for Medicaid; Only transports eligible Medicaid recipients and some Medicare		Reservations 24/7 by call center;	60,000 trips per week statewide

Figure 10 portrays the service area of the public transit providers in PDC 2. Four County Transit and Graham Transit are the providers that serve the general public. While Graham Transit serves the Town of Bluefield, Virginia with a route to Pocahontas, Four County Transit serves the entire PDC. LogistiCare also provides service to the entire PDC.

More detailed information regarding these providers can be found at their websites:

Four County Transit: <http://www.fourcountytransit.org/>

Graham Transit: <http://www.bluefieldva.org/>

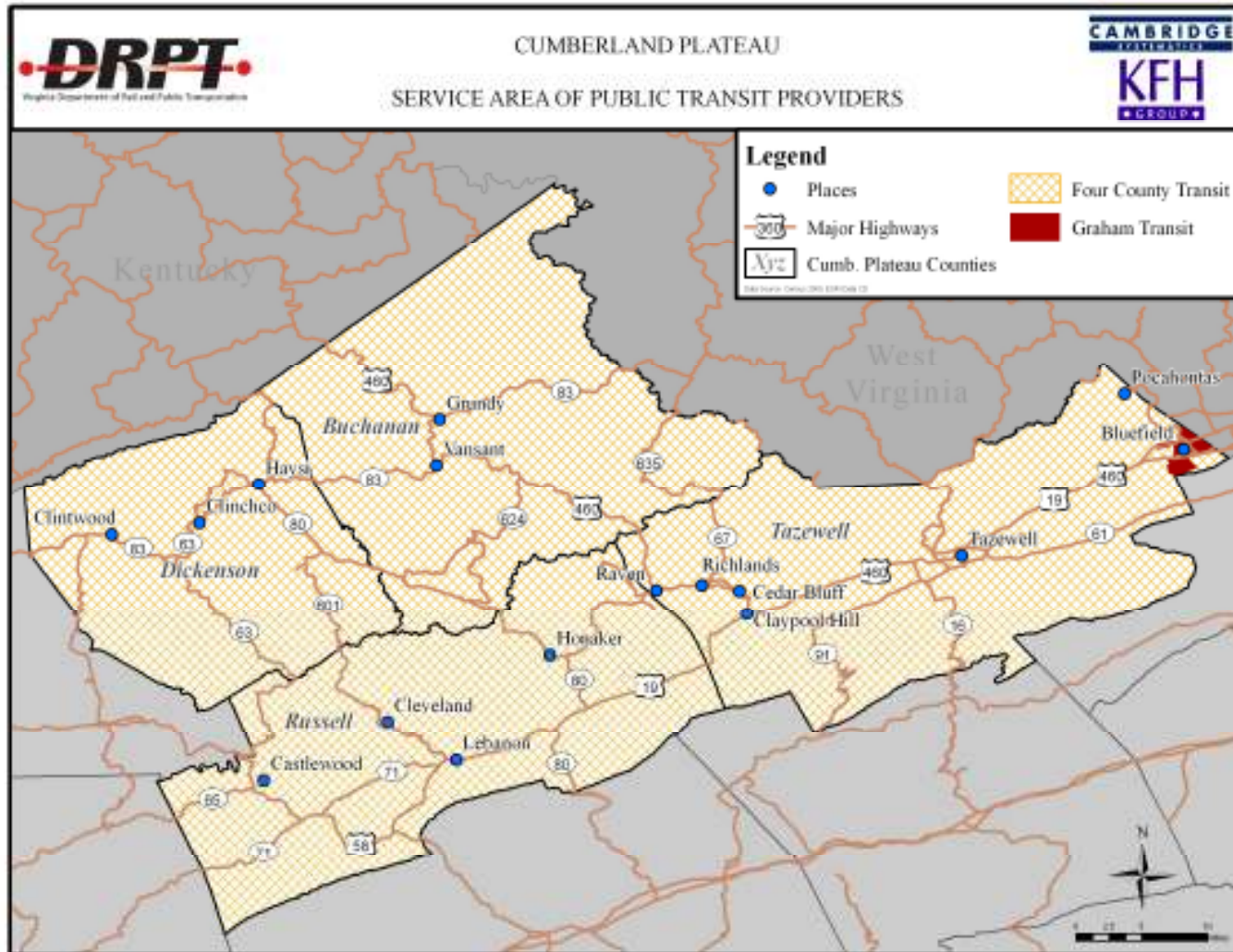
LogistiCare: <http://www.logisticare.com/>

Private Transportation Providers

In addition, the following private transportation providers were identified:

- Cimarron Coach of Virginia, Bluefield and Tazewell County, VA
- Medicaid Taxi, Honaker, VA
- Mullin's Cab, Tazewell, VA

Figure 10. Service Area of Public Transit Providers



VII. Assessment of Unmet Transportation Needs and Gaps

An important step in completing this plan includes the identification of unmet transportation needs or service gaps. In addition to analyses based on demographics and potential destinations, local providers and key stakeholders provided input on the PDC's needs and gaps. This in-depth needs assessment provided the basis for recognizing where and how service for the region needs to be improved. In some cases, maintaining and protecting existing services were identified as needs.

At the Wytheville workshop, representatives from the PDC 2 provided input on specific unmet transportation needs in the region. The input focused on the targeted population groups for the Section 5310, JARC, and New Freedom Programs (older adults, people with disabilities, and people with lower incomes). The discussion also highlighted specific need characteristics, including trip purpose, time, place/destination, information/outreach, and travel training/orientation.

The participants expressed a number of specific, prevailing needs and issues:

- Lack of Availability – More extensive service in the evenings, weekends, and additional medical trips for those who are not Medicaid eligible.
- Lack of Awareness of Available Services – Better information about transit services and programs, and how to access transit or paratransit programs.
- Affordability – Cost of transportation (both for public transportation and social service agency operated services).

The vast majority of needs identified were described as “cross-cutting” – a need of all three population groups. Unless otherwise noted, each identified need was cross-cutting:

Trip Purpose

- Local and long-distance transportation for non-emergency medical trips for people not eligible for Medicaid.
- Expanded access to specialized services, i.e. one-on-one trips and door-through-door assistance.

- Rideshare options and vanpools to enable people with low incomes to access employment opportunities.

Time

- Expanded transportation options on evenings and weekends.
- Expanded same-day transportation service for people with disabilities.

Place/Destination

- Transportation to clinics and regional medical facilities in Roanoke, Bristol, Charlottesville, Johnson City (TN), and Winston-Salem (NC).
- Expanded public transportation out of the region.
- Expanded inter-system connections to access more destinations in the region.
- Transportation to places of worship.

Information/Outreach

- Mobility manager to contact various agencies, providers, and customers, especially to coordinate occasional weekend/evening service or service to special events.
- Information to taxi companies about funding, leasing, and coordinating opportunities.
- Branding to let customers know services are open to the public, i.e., routes that serve community college.
- Coordinated marketing of services.
- Greater education for elected officials on community transportation benefits and need for local funding to support services.

Travel Training/Orientation

- Train groups to ride public transportation to expand people riding public transportation.
- Have an attendant or aide on vehicle as needed.

Other

- Expanded access to accessible vehicles.
- Reduced restrictions on use of State funds for transportation.
- Designated regional coordinator for transportation; State level funding source to support this service.
- Expanded taxi service, especially accessible taxi service, by exploring partnerships between private taxi companies and local transportation providers; and by examining state regulatory barriers such as insurance.
- Funding to expand or establish volunteer driver programs.
- Expanded local match money for Federal and State funding.
- Continuous and reliable source of funding if locality does not have funds.
- Exploration of opportunities to use other funding sources for matching requirement.
- Reduced local match for operating funding.
- Greater human service or public health focus on infrastructure, including accessibility improvements (i.e., build and maintain sidewalks) and bus shelters (i.e. at medical facilities).
- Expanded multi-modal options in a rural context, i.e., bike racks on transit and accessible infrastructure.

VIII. Identified Strategies

Coupled with the need to identify service gaps is the need to identify corresponding strategies intended to address service deficiencies. Based on the assessment of demographics and potential destinations, and especially the unmet transportation needs obtained from key local stakeholders in the region, a preliminary list of strategies was generated. These "strategies" differ from specific projects in that they may not be fully defined – projects would require an agency sponsor, specific expenditures, etc. The strategies were then presented at the second workshop for input and ownership. The workshop participants determined that all of the proposed strategies were important to the region, therefore no proposed strategy was eliminated. Ultimately, the 11 strategies listed below were endorsed by the workshop participants.

-
1. Continue to support capital needs of coordinated human service/public transportation providers.
 2. Expand availability of demand-response service and specialized transportation services to provide additional trips for older adults, people with disabilities, and people with lower incomes.
 3. Build coordination among existing public transportation and human service transportation providers.
 4. Provide targeted shuttle services to access employment opportunities.
 5. Establish a ride-sharing program for long-distance medical transportation.
 6. Expand outreach and information on available transportation options in the region, including establishment of a central point of access.
 7. Implement new public transportation services or operate existing public transit services on a more frequent basis.
 8. Provide flexible transportation options and more specialized transportation services or one-to-one services through the use of volunteers.

9. Expand access to taxi services and other private transportation operators.
 10. Establish or expand programs that train customers, human service agency staff, medical facility personnel, and others in the use and availability of transportation services.
 11. Bring new funding partners to public transit/human service transportation.
-

IX. Priorities for Implementation and Potential Projects

Identification of priorities for implementation was based on feasibility for implementing the specific strategies. All of the strategies discussed during the second workshop that are eligible for funding from Section 5310, 5316, or 5317 programs were considered priorities. Based on this process, 11 specific strategies to meet these needs in PDC 2 were identified (as noted in Section VIII) as the priorities and included in the region's CHSM Plan.

These strategies are detailed in this section to include the multiple unmet transportation needs or issues that each addresses, potential projects that correspond to each strategy, and potential funding sources through the three programs that require this coordinated plan.

While potential projects that could be implemented to fulfill these strategies are included, please note that this list is not comprehensive and other projects that meet the strategy would also be considered.

Strategy: Continue to support capital needs of coordinated human service/public transportation providers.

To implement strategies to expand mobility options for older adults, people with disabilities, and people with lower incomes in the region, maintaining and building upon the current capital infrastructure is crucial to the community transportation network. This strategy would involve appropriate vehicle replacement, vehicle rehabilitation, vehicle equipment improvements, and acquisition of new vehicles to support development of a coordinated transportation system.

Unmet Need/Issue Strategy Will Address:

- Maintain existing transportation services and available mobility options for older adults, people with disabilities, and people with lower incomes.

Potential Funding Sources:

- Section 5310
- New Freedom
- JARC

Potential Projects:

- Capital expenses to support the provision of transportation services to meet the special needs of older adults, people with disabilities, and people with lower incomes.
- Capital needs to support new mobility management and coordination programs among public transportation providers and human service agencies providing transportation.

Strategy: Expand availability of demand-response service and specialized transportation services to provide additional trips for older adults, people with disabilities, and people with lower incomes.

The expansion of current demand-response and specialized transportation services operated in the region is a logical strategy for improving mobility for older adults, people with disabilities, and people with lower incomes. This strategy would meet multiple unmet needs and issues while taking advantage of existing organizational structures. Operating costs -- driver salaries, fuel, vehicle maintenance, etc. -- would be the primary expense for expanding services, though additional vehicles may be necessary for providing same-day transportation services or serving larger geographic areas.

Unmet Needs/Issues Strategy Will Address:

- Expanded transportation options on evenings and weekends.
- Expanded same-day transportation service for people with disabilities.
- Expanded public transportation out of the region.
- Transportation to places of worship.

Potential Funding Sources:

- New Freedom
- JARC
- Section 5310
- Section 5311/ Section 5311 (f)

Potential Projects:

- Expand current demand-response system to serve additional trips (within same hours of operation/service).
- Expand hours and days of current demand-response system to meet additional service needs.

Strategy: Build coordination among existing public transportation and human service transportation providers.

While services in the region are well coordinated through Four County Transit, there are opportunities to build upon these successful efforts and improve connections between providers, and expand access both within and outside the region. A mobility management strategy can be employed that provides the support and resources to explore these possibilities and put into action the necessary follow-up activities.

Unmet Needs/Issues Strategy Will Address:

- Expanded inter-system connections to access more destinations in region.
- Mobility manager to contact various agencies, providers, customers, especially to coordinate occasional weekend/evening service or service to special events.
- Expanded access to accessible vehicles.
- Designated regional coordinator for transportation.

Potential Funding Sources:

- New Freedom
- JARC
- Section 5310
- Section 5311/Section 5311 (f)

Potential Projects:

- Mobility manager to facilitate cooperation between transportation providers:
 - Helping establish inter-agency agreements for connecting services or sharing rides.
 - Arranging trips for customers as needed.
 - Exploring technologies that simplify access to information on services.
- Implement voucher program through which human service agencies are reimbursed for trips provided for another agency based on pre-determined rates or contractual arrangements.

Strategy: Provide targeted shuttle services to access employment opportunities.

Limited transportation services to access employment opportunities could be addressed through the implementation of shuttle services designed around concentrated job centers. These concentrated job opportunities provide central employment destinations that could potentially be served via targeted shuttle services. Locating a critical mass of workers is the key for this strategy to be effective. This strategy may also provide a mechanism for employer partnerships.

Unmet Needs/Issues Strategy Will Address:

- Rideshare options and vanpools to enable people with low incomes to access employment opportunities.
- Expanded transportation options on evenings and weekends.

Potential Funding Sources:

- JARC

Potential Projects:

- Operating assistance to fund specifically-defined, targeted shuttle services.
- Capital assistance to purchase vehicles to provide targeted shuttle services.

Strategy: Establish a ride-sharing program for long-distance medical transportation.

This strategy would use this commuter-oriented model as a basis for developing a ride-sharing program for long distance medical trips. A database of potential drivers and riders could be kept with a central “mobility manager,” who would match the trip needs with the available participating drivers. The riders would share the expenses with the drivers on a per-mile basis (i.e. similar to mileage reimbursement). This strategy could be a cost-effective way to provide long-distance medical trips without sending a human service or public transit vehicle out of the region for a day. This strategy could be implemented in conjunction with a broader mobility management program.

Unmet Needs/Issues Strategy Will Address:

- Local and long-distance transportation for non-emergency medical trips for people not eligible for Medicaid.
- Transportation to clinics and regional medical facilities in Roanoke, Bristol, Charlottesville, Johnson City (TN), and Winston-Salem (NC).
- Expanded public transportation out of the region.

Potential Funding Sources:

- New Freedom
- Section 5311/Section 5311(f)

Potential Projects:

- Development of a ride-share matching database that could be used to effectively match potential drivers with people who need rides.
- Development of volunteer driver program to provide long distance medical trips.
- Funding of new inter-regional routes or connecting services to link with the national network of intercity bus services.

Strategy: Expand outreach and information on available transportation options in the region, including establishment of a centralized point of access.

A greater emphasis can be placed not just on the coordination of actual services, but also on outreach and information sharing to ensure people with limited mobility are aware of the transportation services available to them. This strategy presents an opportunity for a mobility manager project whose activities could include the promotion of available transportation services.

Unmet Needs/Issues Strategy Will Address:

- Branding to let customers know services are open to the public, i.e., routes that serve community college.
- Coordinated marketing of services.
- Greater education for elected officials on community transportation benefits and need for local funding support.

Potential Funding Sources:

- New Freedom
- JARC

Potential Projects:

- Mobility manager to facilitate access to transportation services and serve as information clearing-house on available public transit and human services transportation in region.
- Implement new or expand outreach programs that provide customers and human service agency staff with training and assistance in use of current transportation services.
- Implement mentor/advocate program to connect current riders with potential customers for training in use of services.

Strategy: Implement new public transportation services or operate existing public transit services on a more frequent basis.

As noted in Section VI, the service hours for public transit in PDC 2 end at 6PM and most service runs on weekdays only. New or expanded services in the evenings and weekends should be considered to expand mobility options in the region, especially to work locations. In addition, services that allow access to key destinations outside the region were identified by workshop participants as an important need.

Unmet Needs/Issues Strategy Will Address:

- Expanded transportation options on evenings and weekends.
- Expanded public transportation out of the region.

Potential Funding Sources:

- JARC
- Section 5310
- New Freedom
- Section 5307
- Section 5311/Section 5311(f)

Potential Projects:

- Increase frequency of public transit services as possible.
- Convert demand-response services to fixed schedule or fixed-route services as possible.

Strategy: Provide flexible transportation options and more specialized transportation services or one-to-one services through the use of volunteers.

A variety of transportation services are needed to meet the mobility needs of older adults, people with disabilities, and people with lower incomes in the region. Customers may need more specialized services beyond those typically provided through general public transit services, and the rural nature of the region is often not conducive for shared ride services. Therefore, the use of volunteers may offer transportation options that are difficult to provide through public transit and human service agency transportation. Volunteers can also provide a more personal and one-to-one transportation service for customers who may require additional assistance.

Unmet Needs/Issues Strategy Will Address:

- Expanded access to specialized services, i.e. one-on-one trips and door-through-door assistance.
- Funding to expand or establish volunteer driver programs.
- Have an attendant or aide on vehicle as needed.

Potential Funding Sources:

- New Freedom

Potential Projects:

- Implement new or expanded volunteer driver program to meet specific geographic, trip purpose, or time frame needs.
- Implement escort/aide program for customers who may need additional assistance to travel.

Strategy: Expand access to taxi services and other private transportation operators.

While taxi services and private transportation providers in the region are limited, as noted in Section VI, for evenings and weekends and for same-day transportation needs, these services may be the best options for area residents; albeit one that is more costly to use. By subsidizing user costs, possibly through a voucher program, there can be expanded access to taxis and other private transportation services. This approach has been employed successfully in other rural areas of the country, particularly as a means to provide people with disabilities with more flexible transportation services.

Unmet Needs/Issues Strategy Will Address:

- Information to taxi companies about funding/leasing/coordinating opportunities.
- Expanded taxi service, especially accessible taxi service, by exploring partnerships between private taxi companies and local transportation providers, and examining state regulatory barriers such as insurance.

Potential Funding Sources:

- New Freedom

Potential Projects:

- Implement voucher program to subsidize rides for taxi trips or trips provided by private operators.

Strategy: Establish or expand programs that train customers, human service agency staff, medical facility personnel, and others in the use and availability of transportation services

In addition to expanding transportation options in the region, it is important that customers, as well as caseworkers, agency staff, and medical facility personnel that work with older adults, people with disabilities, and people with low incomes, are familiar with available transportation services. Efforts can include travel training programs to help individuals use public transit services, and outreach programs to ensure people helping others with their transportation issues are aware of mobility options in the region. In addition, the demand for transportation services to dialysis treatment facilities necessitates the need for a strong dialogue between transportation providers and dialysis locations so that treatment openings and available transportation are considered simultaneously.

Unmet Needs/Issues Strategy Will Address:

- Train groups to ride public transportation to expand people riding public transportation.
- Have an attendant or aide on vehicle as needed.

Potential Funding Sources:

- New Freedom
- JARC

Potential Projects:

- Implement new or expand outreach programs that provide customers and human service agency staff with training and assistance in use of current transportation services.
- Implement mentor/advocate program to connect current riders with potential customers for training in use of services.

Strategy: Bring new funding partners to public transit/human service transportation.

The demand for public transit-human service transportation is growing daily. One of the key obstacles the industry faces is how to pay for additional service. This strategy would meet multiple unmet needs and issues by tackling non-traditional sources of funding. Hospitals, supermarkets, and retailers who want the business of the region's riders may be willing to pay for part of the cost of transporting those riders to their sites. This approach is applicable to both medical and retail establishments already served, as well as new businesses.

Unmet Needs/Issues Strategy Will Address:

- Expanded local match money for federal and state funding.
- Exploration of opportunities to use other funding sources for matching requirement.

Potential Funding Sources:

- JARC

Potential Projects:

- Employer funding support programs, either directly for services and/or for local share.
- Employer sponsored transit pass programs that allow employees to ride at reduced rates.
- Partnerships with private industry, i.e. retailers and medical centers.
- Partnerships with private providers of transportation, i.e. intercity bus operators and taxi operators.

X. Plan Adoption Process

As noted in Section IV, participants from the regional workshops were involved throughout the planning process, and reviewed and commented on initial drafts that included the assessment of transportation services, assessment of transportation needs and gaps, and proposed strategies and potential projects. Ultimately, these coordinated planning participants formally discussed and agreed upon the identified strategies in this plan. At the third workshop, they provided a more formal endorsement through a Statement of Participation that is included in Appendix F.

Additionally, each plan will become a section within the PDC's Regional Rural Long Range Plan (RLRP) which is required by the Virginia Department of Transportation (VDOT). The intent is a regional transportation plan in rural areas that complements those in the metropolitan areas of the State. The development and components of each RLRP will include public outreach and recommendation development, as well as public endorsement and regional adoption.

XI. Ongoing and Future Arrangements for Plan Updates

In addition to developing this coordinated public transit-human services transportation plan that fulfills the FTA requirements, DRPT will be working with the region on an ongoing structure to serve as the foundation for future coordinated transportation planning efforts.

Similar to the process for development of the CHSM Plan, this structure will be determined through input with a diverse group of stakeholders that represent transportation, aging, disability, social service, and other appropriate organizations in the region, including participants from the first two workshops. While formal responsibilities and organizational roles will be determined locally, it is anticipated that this ongoing structure will:

- Lead updates of the *Coordinated Human Service Mobility Plan* for PDC 2 based on local needs (but at the minimum FTA required cycle).
- Provide input and assist public transit and human service transportation providers in establishing priorities with regard to community transportation services.
- Review and discuss coordination strategies in the region and provide recommendations for potential improvements to help expand mobility options in the region.
- Provide input on applications for funding through the Section 5310, JARC, and New Freedom competitive selection process.

Appendix A – Final FTA Guidance on Coordinated Planning Requirements

The following excerpt is from the final guidance from the Federal Transit Administration (FTA) on the Elderly Individuals and Individuals with Disabilities (Section 5310), Job Access Reverse Commute (JARC – Section 5316) and New Freedom (Section 5317) programs. (Effective May 1, 2007)

Final Circulars: http://www.fta.dot.gov/laws/leg_reg_circulars_guidance.html

Final Register Notices: http://www.fta.dot.gov/laws/leg_reg_federal_register.html

COORDINATED PLANNING

1. THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN. Federal transit law, as amended by SAFETEA-LU, requires that projects selected for funding under the Elderly Individuals and Individuals with Disabilities (Section 5310), Job Access and Reverse Commute (JARC), and New Freedom programs be “derived from a locally developed, coordinated public transit-human services transportation plan” and that the plan be “developed through a process that includes representatives of public, private, and non-profit transportation and human services providers and participation by members of the public.” The experiences gained from the efforts of the Federal Interagency Coordinating Council on Access and Mobility (CCAM), and specifically the United We Ride (UWR) Initiative, provide a useful starting point for the development and implementation of the local public transit-human services transportation plan required under the Section 5310, JARC and New Freedom Programs. Many States have established UWR plans that may form a foundation for a coordinated plan that includes the required elements outlined in this chapter and meets the requirements of 49 U.S.C. 5317.
2. DEVELOPMENT OF THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN.
 - a. Overview. A locally developed, coordinated, public transit-human services transportation plan (“coordinated plan”) identifies the transportation needs of individuals with disabilities, older adults, and people with low incomes, provides strategies for meeting those local needs, and prioritizes transportation services for funding and implementation. Local plans may be developed on a local, regional, or statewide level. The decision as to the boundaries of the local planning areas should be made in consultation with the State, designated recipient and the metropolitan planning organization (MPO), where applicable. The agency leading the planning process is decided locally and does not have to be the designated recipient.

In urbanized areas where there are multiple designated recipients, there may be multiple plans and each designated recipient will be responsible for the competitive selection of projects in the designated recipient's area. A coordinated plan should maximize the programs' collective coverage by minimizing duplication of services. Further, a coordinated plan must be developed through a process that includes representatives of public and

private and non-profit transportation and human services transportation providers, and participation by members of the public. Members of the public should include representatives of the targeted population(s) including individuals with disabilities, older adults, and people with low incomes. While the plan is only required in communities seeking funding under one or more of the three specified FTA programs, a coordinated plan should also incorporate activities offered under other programs sponsored by Federal, State, and local agencies to greatly strengthen its impact.

b. Required Elements. Projects competitively selected for funding shall be derived from a coordinated plan that minimally includes the following elements at a level consistent with available resources and the complexity of the local institutional environment:

- (1) An assessment of available services that identifies current transportation providers (public, private, and non-profit);
- (2) An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes. This assessment can be based on the experiences and perceptions of the planning partners or on more sophisticated data collection efforts, and gaps in service (Note: If a community does not intend to seek funding for a particular program (Section 5310, JARC, or New Freedom), then the community is not required to include an assessment of the targeted population in its coordinated plan);
- (3) Strategies, activities and/or projects to address the identified gaps between current services and needs, as well as opportunities to improve efficiencies in service delivery; and
- (4) Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities identified.

Note: FTA will consider plans developed before the issuance of final program circulars to be an acceptable basis for project selection for FY 2007 if they meet minimum criteria. Plans for FY 2007 should include 1) an assessment of available services; 2) an assessment of needs; and 3) strategies to address gaps for target populations; however, FTA recognizes that initial plans may be less complex in one or more of these elements than a plan developed after the local coordinated planning process is more mature. Addendums to existing plans to include these elements will also be sufficient for FY 2007. Plans must be developed in good faith in coordination with appropriate planning partners and with opportunities for public participation.

c. Local Flexibility in the Development of a Local Coordinated Public Transit-Human Services Transportation Plan. The decision for determining which agency has the lead for the development and coordination of the planning process should be made at the State, regional, and local levels. FTA recognizes the importance of local flexibility in developing plans for human service transportation. Therefore, the lead agency for the coordinated planning process may be different from the agency that will serve as the designated

recipient. Further, FTA recognizes that many communities have conducted assessments of transportation needs and resources regarding individuals with disabilities, older adults, and/or people with low incomes. FTA also recognizes that some communities have taken steps to develop a comprehensive, coordinated, human service transportation plan either independently or through United We Ride efforts. FTA supports communities building on existing assessments, plans and action items. As all new Federal requirements must be met, however, communities may need to modify their plans or processes as necessary to meet these requirements. FTA encourages communities to consider inclusion of new partners, new outreach strategies, and new activities related to the targeted programs and populations.

Plans will vary based upon the availability of resources and the existence of populations served under these programs. A rural community may develop its plans based on perceived needs emerging from the collaboration of the planning partners, whereas a large urbanized community may use existing data sources to conduct a more formal analysis to define service gaps and identify strategies for addressing the gaps.

This type of planning is also an eligible activity under three other FTA programs—the Metropolitan Planning (Section 5303), Statewide Planning (Section 5304), and Urbanized Area Formula (Section 5307) programs, all of which may be used to supplement the limited (10 percent) planning and administration funding under this program. Other resources may also be available from other entities to fund coordinated planning activities. All “planning” activities undertaken in urbanized areas, regardless of the funding source, must be included in the Unified Planning Work Program (UPWP) of the applicable MPO.

- d. Tools and Strategies for Developing a Coordinated Plan. States and communities may approach the development of a coordinated plan in different ways. The amount of available time, staff, funding, and other resources should be considered when deciding on specific approaches. The following is a list of potential strategies for consideration.
 - (1) Community planning session. A community may choose to conduct a local planning session with a diverse group of stakeholders in the community. This session would be intended to identify needs based on personal and professional experiences, identify strategies to address the needs, and set priorities based on time, resources, and feasibility for implementation. This process can be done in one meeting or over several sessions with the same group. It is often helpful to identify a facilitator to lead this process. Also, as a means to leverage limited resources and to ensure broad exposure, this could be conducted in cooperation or coordination with the applicable metropolitan or statewide planning process.
 - (2) Self-assessment tool. *The Framework for Action: Building the Fully Coordinated Transportation System*, developed by FTA and available at www.unitedweride.gov, helps stakeholders realize a shared perspective and build a roadmap for moving forward together. The self-assessment tool focuses on a series of core elements that are represented in categories of simple diagnostic questions to help groups in States and communities

assess their progress toward transportation coordination based on standards of excellence. There is also a *Facilitator's Guide* that offers detailed advice on how to choose an existing group or construct an ad hoc group. In addition, it describes how to develop elements of a plan, such as identifying the needs of targeted populations, assessing gaps and duplications in services, and developing strategies to meet needs and coordinate services.

- (3) Focus groups. A community could choose to conduct a series of focus groups within communities that provides opportunity for greater input from a greater number of representatives, including transportation agencies, human service providers, and passengers. This information can be used to inform the needs analysis in the community. Focus groups also create an opportunity to begin an ongoing dialogue with community representatives on key issues, strategies, and plans for implementation.
- (4) Survey. The community may choose to conduct a survey to evaluate the unmet transportation needs within a community and/or available resources. Surveys can be conducted through mail, e-mail, or in-person interviews. Survey design should consider sampling, data collection strategies, analysis, and projected return rates. Surveys should be designed taking accessibility considerations into account, including alternative formats, access to the internet, literacy levels, and limited English proficiency.
- (5) Detailed study and analysis. A community may decide to conduct a complex analysis using inventories, interviews, GIS mapping, and other types of research strategies. A decision to conduct this type of analysis should take into account the amount of time and funding resources available, and communities should consider leveraging State and MPO resources for these undertakings.

- 3. PARTICIPATION IN THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLANNING PROCESS. Recipients shall certify that the coordinated plan was developed through a process that included representatives of public, private, and non-profit transportation and human services providers, and participation by members of the public. Note that the required participants include not only transportation providers but also providers of human services, and members of the public (e.g., individuals with disabilities, older adults, and individuals with low incomes) who can provide insights into local transportation needs. It is important that stakeholders be included in the development and implementation of the local coordinated public transit-human services transportation plan. A planning process in which stakeholders provide their opinions but have no assurance that those opinions will be considered in the outcome does not meet the requirement of 'participation.' Explicit consideration and response should be provided to public input received during the development of the coordinated plan. Stakeholders should have reasonable opportunities to be actively involved in the decision-making process at key decision points, including, but not limited to, development of the proposed coordinated plan document. The following possible strategies facilitate appropriate inclusion:

- a. Adequate Outreach to Allow for Participation. Outreach strategies and potential participants will vary from area to area. Potential outreach strategies could include notices or flyers in centers of community activity, newspaper or radio announcements, e-mail lists, website postings, and invitation letters to other government agencies, transportation providers, human services providers, and advocacy groups. Conveners should note that not all potential participants have access to the Internet and they should not rely exclusively on electronic communications. It is useful to allow many ways to participate, including in-person testimony, mail, e-mail, and teleconference. Any public meetings regarding the plan should be held in a location and time where accessible transportation services can be made available, and adequately advertised to the general public using techniques such as those listed above. Additionally, interpreters for individuals with hearing impairments and English as a second language and accessible formats (e.g., large print, Braille, electronic versions) should be provided as required by law.
- b. Participants in the Planning Process. Metropolitan and statewide planning under 49 U.S.C. 5303 and 5304 require consultation with an expansive list of stakeholders. There is significant overlap between the lists of stakeholders identified under those provisions (e.g., private providers of transportation, representatives of transit users, and representatives of individuals with disabilities) and the organizations that should be involved in preparation of the coordinated plan.

The projects selected for funding under the Section 5310 , JARC, and New Freedom Programs must be "derived from a locally developed, coordinated public transit-human services transportation plan" that was "developed through a process that includes representatives of public, private, and non-profit transportation and human services providers and participation by members of the public." The requirement for developing the local public transit-human services transportation plan is intended to improve services for people with disabilities, older adults, and individuals with low incomes. Therefore, individuals, groups and organizations representing these target populations should be invited to participate in the coordinated planning process. Consideration should be given to including groups and organizations such as the following in the coordinated planning process if present in the community:

(1) Transportation partners:

- (a) Area transportation planning agencies, including MPOs, Councils of Government (COGs), Rural Planning Organizations (RPOs), Regional Councils, Associations of Governments, State Departments of Transportation, and local governments;
- (b) Public transportation providers (including Americans with Disabilities Act (ADA) paratransit providers and agencies administering the projects funded under FTA urbanized and nonurbanized programs);
- (c) Private transportation providers, including private transportation brokers, taxi operators, van pool providers, school transportation operators, and intercity bus operators;
- (d) Non-profit transportation providers;

- (e) Past or current organizations funded under the JARC, Section 5310, and/or the New Freedom Programs; and
 - (f) Human service agencies funding, operating, and/or providing access to transportation services.
- (2) Passengers and advocates:
- (a) Existing and potential riders, including both general and targeted population passengers (individuals with disabilities, older adults, and people with low incomes);
 - (b) Protection and advocacy organizations;
 - (c) Representatives from independent living centers; and
 - (d) Advocacy organizations working on behalf of targeted populations.
- (3) Human service partners:
- (a) Agencies that administer health, employment, or other support programs for targeted populations. Examples of such agencies include but are not limited to Departments of Social/Human Services, Employment One-Stop Services; Vocational Rehabilitation, Workforce Investment Boards, Medicaid, Community Action Programs (CAP), Agency on Aging (AoA); Developmental Disability Council, Community Services Board;
 - (b) Non-profit human service provider organizations that serve the targeted populations;
 - (c) Job training and placement agencies;
 - (d) Housing agencies;
 - (e) Health care facilities; and
 - (f) Mental health agencies.
- (4) Other:
- (a) Security and emergency management agencies;
 - (b) Tribes and tribal representatives;
 - (c) Economic development organizations;
 - (d) Faith-based and community-based organizations;
 - (e) Representatives of the business community (e.g., employers);
 - (f) Appropriate local or State officials and elected officials;

- (g) School districts; and
- (h) Policy analysts or experts.

Note: Participation in the planning process will not bar providers (public or private) from bidding to provide services identified in the coordinated planning process. This planning process differs from the competitive selection process, and it differs from the development and issuance of a Request for Proposal (RFP) as described in the Common Grant Rule (49 CFR part 18).

- c. Levels of Participation. The suggested list of participants above does not limit participation by other groups, nor require participation by every group listed. Communities will have different types of participants depending on population and size of community, geographic location, and services provided at the local level. It is expected that planning participants will have an active role in the development, adoption, and implementation of the plan. Participation may remain low even though a good faith effort is made by the lead agency to involve passengers, representatives of public, private, and non-profit transportation and human services providers, and others. The lead agency convening the coordinated planning process should document the efforts it utilized, such as those suggested above, to solicit involvement.

In addition, Federal, State, regional, and local policy makers, providers, and advocates should consistently engage in outreach efforts that enhance the coordinated process, because it is important that all stakeholders identify the opportunities that are available in building a coordinated system. To increase participation at the local levels from human service partners, State Department of Transportation offices are encouraged to work with their partner agencies at the State level to provide information to their constituencies about the importance of partnering with human service transportation programs and the opportunities that are available through building a coordinated system.

- d. Adoption of a Plan. As a part of the local coordinated planning process, the lead agency in consultation with participants should identify the process for adoption of the plan. A strategy for adopting the plan could also be included in the designated recipient's Program Management Plan (PMP) further described in Chapter VII.

FTA will not formally review and approve plans. The designated recipient's grant application will document the plan from which each project listed is derived, including the lead agency, the date of adoption of the plan, or other appropriate identifying information. This may be done by citing the section of the plan or page references from which the project is derived.

4. RELATIONSHIP TO OTHER TRANSPORTATION PLANNING PROCESSES.

- a. Relationship Between the Coordinated Planning Process and the Metropolitan and Statewide Transportation Planning Processes. The coordinated plan can either be developed separately from the metropolitan and statewide transportation planning processes and then incorporated into the broader plans, or be developed as a part of the metropolitan and statewide transportation planning processes. If the coordinated plan is not prepared within the broader process, the lead agency for the coordinated plan should

ensure coordination and consistency between the coordinated planning process and metropolitan or statewide planning processes. For example, planning assumptions should not be inconsistent.

Projects identified in the coordinated planning process, and selected for FTA funding through the competitive selection process must be incorporated into both the Transportation Improvement Program (TIP) and Statewide Transportation Improvement Program (STIP) in urbanized areas with populations of 50,000 or more; and incorporated into the STIP for nonurbanized areas under 50,000 in population. In some areas, where the coordinated plan or competitive selection is not completed in a timeframe that coincides with the development of the TIP/STIP, the TIP/STIP amendment processes will need to be utilized to include competitively selected projects in the TIP/STIP before FTA grant award.

The lead agency developing the coordinated plan should communicate with the relevant MPOs or State planning agencies at an early stage in plan development. States with coordination programs may wish to incorporate the needs and strategies identified in local coordinated plans into statewide coordination plans.

Depending upon the structure established by local decision-makers, the coordinated planning process may or may not become an integral part of the metropolitan or statewide transportation planning processes. State and local officials should consider the fundamental differences in scope, time horizon, and level of detail between the coordinated planning process and the metropolitan and statewide transportation planning processes. However, there are important areas of overlap between the planning processes, as well. Areas of overlap represent opportunities for sharing and leveraging resources between the planning processes for such activities as: (1) needs assessments based on the distribution of targeted populations and locations of employment centers, employment-related activities, community services and activities, medical centers, housing and other destinations; (2) inventories of transportation providers/resources, levels of utilization, duplication of service and unused capacity; (3) gap analysis; (4) any eligibility restrictions; and (5) opportunities for increased coordination of transportation services. Local communities may choose the method for developing plans that best fits their needs and circumstances.

- b. Relationship Between the Requirement for Public Participation in the Coordinated Plan and the Requirement for Public Participation in Metropolitan and Statewide Transportation Planning. SAFETEA-LU strengthened the public participation requirements for metropolitan and statewide transportation planning. Title 49 U.S.C. 5303(i)(5) and 5304(f)(3), as amended by SAFETEA-LU, require MPOs and States to engage the public and stakeholder groups in preparing transportation plans, TIPs, and STIPs. "Interested parties" include, among others, affected public agencies, private providers of transportation, representatives of users of public transportation, and representatives of individuals with disabilities.

MPOs and/or States may work with the lead agency developing the coordinated plan to coordinate schedules, agendas, and strategies of the

coordinated planning process with metropolitan and statewide planning in order to minimize additional costs and avoid duplication of efforts. MPOs and States must still provide opportunities for participation when planning for transportation related activities beyond the coordinated public transit-human services transportation plan.

- c. Cycle and Duration of the Coordinated Plan. At a minimum, the coordinated plan should follow the update cycles for metropolitan transportation plans (i.e., four years in air quality nonattainment and maintenance areas and five years in air quality attainment areas). However, communities and States may update the coordinated plan to align with the competitive selection process based on needs identified at the local levels. States, MPOs, designated recipients, and public agencies that administer or operate major modes of transportation should set up a cycle that is conducive to and coordinated with the metropolitan and statewide planning processes, to ensure that selected projects are included in the TIP and STIP, to receive funds in a timely manner.
- d. Role of Transportation Providers that Receive FTA Funding Under the Urbanized and Other Than Urbanized Formula Programs in the Coordinated Planning Process. Recipients of Section 5307 and Section 5311 assistance are the “public transit” in the public transit-human services transportation plan and their participation is assumed and expected. Further, 49 U.S.C. 5307(c)(5) requires that, “Each recipient of a grant shall ensure that the proposed program of projects (POP) provides for the coordination of public transportation services ... with transportation services assisted from other United States Government sources.” In addition, 49 U.S.C. 5311(b)(2)(C)(ii) requires the Secretary of the DOT to determine that a State's Section 5311 projects “provide the maximum feasible coordination of public transportation service ... with transportation service assisted by other Federal sources.” Finally, under the Section 5311 program, States are required to expend 15 percent of the amount available to support intercity bus service. FTA expects the coordinated planning process in rural areas to take into account human service needs that require intercity transportation.

Appendix B – Mobility Management – Eligible Activities and Potential Projects

Supporting new mobility management and coordination programs among public transportation providers and other human service agencies providing transportation is an eligible project through the Federal Transit Administration's (FTA) Section 5317 (New Freedom) and Section 5316 (Job Access and Reverse Commute – JARC) Programs. Mobility management is considered an eligible capital cost. Therefore, the federal share of eligible project costs is 80 percent (as opposed to 50 percent for operating projects).

The following excerpt on mobility management activities is included in the FTA guidance for the New Freedom and JARC Programs:

- (1) Supporting new mobility management and coordination programs among public transportation providers and other human service agencies providing transportation. Mobility management is an eligible capital cost. Mobility management techniques may enhance transportation access for populations beyond those served by one agency or organization within a community. For example, a non-profit agency could receive New Freedom funding to support the administrative costs of sharing services it provides to its own clientele with other individuals with disabilities and coordinate usage of vehicles with other non-profits, but not the operating costs of the service. Mobility management is intended to build coordination among existing public transportation providers and other transportation service providers with the result of expanding the availability of service. Mobility management activities may include:
 - (a) The promotion, enhancement, and facilitation of access to transportation services, including the integration and coordination of services for individuals with disabilities, older adults, and low-income individuals;
 - (b) Support for short term management activities to plan and implement coordinated services;
 - (c) The support of State and local coordination policy bodies and councils;
 - (d) The operation of transportation brokerages to coordinate providers, funding agencies and customers;

- (e) The provision of coordination services, including employer-oriented Transportation Management Organizations' and Human Service Organizations' customer-oriented travel navigator systems and neighborhood travel coordination activities such as coordinating individualized travel training and trip planning activities for customers;
- (f) The development and operation of one-stop transportation traveler call centers to coordinate transportation information on all travel modes and to manage eligibility requirements and arrangements for customers among supporting programs; and
- (g) Operational planning for the acquisition of intelligent transportation technologies to help plan and operate coordinated systems inclusive of Geographic Information Systems (GIS) mapping, Global Positioning System Technology, coordinated vehicle scheduling, dispatching and monitoring technologies as well as technologies to track costs and billing in a coordinated system and single smart customer payment systems (acquisition of technology is also eligible as a stand alone capital expense).

A Mobility Manager can be the centerpiece of an effort to coordinate existing services to maximize efficiency and effectiveness. This entity can be designed to:

- Plan and identify needs and solutions, with an emphasis on work, school and training trips.
- Continue to seek greater efficiencies and reduce duplication through coordination.
- Coordinate and seek public and private funding – including New Freedom, JARC, and sponsorships.
- Coordinate human service transportation with workforce boards, social service agencies, etc.
- Conduct marketing efforts, developing schedules and how to ride guides.
- Serve as One Stop Information Center.
- Function as a rideshare coordinator.
- Develop a mentoring function.

Appendix C – Potential Non-DOT Federal Program Guide

Source – United We Ride Website

http://www.unitedweride.gov/1_691_ENG_HTML.htm

U.S. Department of Agriculture

- [Food and Nutrition Service](#)

U.S. Department of Education

- [Office of Elementary and Secondary Education](#)
- [Office of Innovation and Improvement](#)
- [Office of Special Education and Rehabilitative Services](#)

U.S. Department of the Interior

- [Bureau of Indian Affairs](#)

U.S. Department of Health and Human Services

- [Health Resources and Services Administration](#)
- [Centers for Medicare and Medicaid Services](#)
- [Administration on Aging](#)
- [Substance Abuse and Mental Health Services](#)
- [Administration for Children and Families](#)

U.S. Department of Housing and Urban Development

U.S. Department of Labor

- [Employment Standards Administration](#)
- [Veterans' Employment and Training Service](#)
- [Employment and Training Administration](#)

U.S. Department of Veterans Affairs

- [Veterans Benefits Administration](#)
- [Veterans Health Administration](#)

Note: The individual links above may be accessed at the United We Ride Website:
http://www.unitedweride.gov/1_691_ENG_HTML.htm

Appendix D – Workshop Attendees

1st Workshop – PDC 1, 2, and 3

Name	Organization	Type	County/PDC	Phone	E-mail
Desiree Clark	Dept of Rehab	CD	Wise	276-762-5561	Desiree.Clark@drs.virginia.gov
Pat Gibson	Dept of Rehab	CD	Dickenson, Norton, Lee	276-762-5561	Patricia.Gibson@drs.virginia.gov
Dennis Blevins	Dept of Rehab	CD	Wise, Scott	276-762-5561	blevindr@drs.virginia.gov
Margie Stuart	Mount Rogers Community Services Board	CSB	PDC 3	276-783-7135	margies@mrscsb.state.va.us
Ron Burnop	Mount Rogers Community Services Board	CSB	PDC 3	276-783-7135	ronb@mrscsb.state.va.us
Anthony Webb	Frontier Health	HS	Lee	276-431-4370	awebb@frontierhealth.org
Lindsey Sturgill	Frontier Health-PDI CSB	HS	Lee	276-523-0682	lsturgil@frontierhealth.org
Thelma S. Gilley	Commonwealth Council on Aging	HS	BSG, VA	276-679-1394	Thelma32@adelphia.net
Greg Morrell	Appalachian Independence Center	HS	PDC 3	276-628-2979	gmorrell@naxs.net
Bill Duncan	Appalachian Independence Center	HS	PDC 3	276-236-6055	aic.galax@earthlink.net
Kaye Berry	AARP VA	HS	All	276-783-6089	IAMAKBERRY@yahoo.com
Jack Wall	Wall Residences LLC	HS	Floyd	540-745-4216	jwall@wallresidence.com
Glen F. Pollard	Southwestern VA Training Center	JT	Carroll Co.	276-728-1110	glen.pollard@swvtc.dmhmrsva.gov
Judy Jarratt	Logisticare	MTP	All	804-236-1570	JudyJ@Logisticare.com
Elizabeth Iskra	Mount Rogers PDC	PDC	PDC 3	276-781-5301	eiskra@mrpd.org
Joe Ratliff	Four County Transit of AASC	PT	PDC 2	276-964-7180	JRatliff@AASC.org
James Hampton	Graham Transit/ Town of Bluefield	PT	Town of Bluefield	276-322-4628	Hampton@4seasonswireless.net
Mike Henson	MEOC	PT	PDC 1	276-523-4202	mhenson@meoc.org
David Richardson	District Three Public Transit	PT	PDC 3	276-783-8157	drichardson@smyth.net
Richard Teigue	District Three Public Transit	PT	PDC 3	276-783-8157	RTeigue@smyth.net
Donna Smith	District Three Public Transit	PT	PDC 3	276-783-8157	dksmith@smyth.net
Monty Mills	VA Highway Safety Office	SD	State	276-228-8698	Monty.Mills@DMV.Virginia.gov
Kathy Robinson	Va Dept of Health, SW Va Care Connection for Children	SD	Washingto n-SW Region	276-645-4904	Kathy.Robinson@vdh.virginia.gov

'Type' Key:

AAA = Area Agency on Aging

CD = County Department

CSB = Community Service Board

HS = Human Services

JT = Job Training Center

MTP = Medicare Transportation Provider

PDC = PDC Planning Office

PT = Public Transit

SD = Statewide Department

2nd Workshop – PDC 1, 2 and 3

Name	Organization	County/PDC	Phone	E-mail
David Richardson	District Three Public Transit	3	276-7783-8157	drichardson@smyth.net
Mike Henson	Mt. Empire Older Citizen Transit	1	276-523-7433	mhenson@meoc.org
Greg Morell	Appalachian Independence Center	3	276-628-2979	gmorell@naxs.net
Donna Smith	District Three Public Transit	3	276-783-8157	dksmith@smyth.net
Mike Guy	District Three Public Transit	3	276-783-8157	mguy@smyth.net
Richard Teigue	District Three Public Transit	3	276-783-8157	rteigue@smyth.net
Joe Ratliff	Four County Transit of AASC	Tazewell	276-964-7182	jratliff@aasc.org
Ron Burnop	Mount Rogers CSB	Smyth, Wythe, Bland, Carroll, Grayson & Galax	276-783-2027, or 7135	Ron.burnop@mrscsb.state.va.us
Margie Stuart	Mount Rogers CSB	Smyth, Wythe, Bland, Carroll, Grayson & Galax	276-783-2027, or 7135	Margie.stuart@mrscsb.state.va.us
Neil Sherman	DRPT	State	804-786-1154	Neil.sherman@drpt.virginia.gov

3rd Workshop – PDC 1, 2 and 3

Name	Organization	Type	County/PDC	Phone	E-mail
Donna Buckland	Appalachian Independence Center	HS	Washington/ PDC 3	276-628-2979	dbuckland@naxs.net
Debbie Peake	Department of Rehabilitative Services	SD	Smyth	276-781-7466	debbiepeake@drs.virginia.gov
Steve Halley	Appalachian Independence Center	HS	Washington/ PDC 3	276-628-2979	shalley@ntelos.net

Name	Organization	Type	County/PDC	Phone	E-mail
Greg Morrell	Appalachian Independence Center	HS	Washington/ PDC 3	276-628-2979	gmorrell@naxs.net
Donna Smith	District Three		Smyth/ PDC 3	276-783-8157	dksmith@smyth.net
David Richardson	District Three		Smyth/ PDC 3	276-783-8157	drichardson@smyth.net
Richard Teigue	District Three		Smyth/ PDC 3	276-783-8157	rteigue@smyth.net
Mike Guy	District Three		Smyth/ PDC 3	276-783-8157	mguy@smyth.net
Lynn Kinney	Mount Rogers PDC	PDC	PDC 3	276-783-5103 ext 319	lmckinney@mrpdc.org
Chris Starnes	LENOWISCO PDC	PDC	PDC 1	431-2202	lstarnes@lenowisco.org
Ron Burnop	Mount Rogers CSB	CSB	PDC 3	276-783-2027	ron.burnop@mrcsb.state.va.us
Margie Stuart	Mount Rogers CSB	CSB	PDC 3	276-783-7135	margie.stuart@mrcsb.state.va.us
Bill Wimmer	Cumberland Mountain CSB	CSB	Buchanan, Tazewell, Russell	276-964-0377	bwimmer@cmcsb.com
Angela Beavers	Cumberland Plateau PDC	PDC	Buchanan, Tazewell, Russell, Dickerson	276-889-1778	angiebeavers@buanet.net
Michael Wampler	Mountain Empire Older Citizens	AAA/ PT	PDC 1	276-523-7433	mwampler@meoc.org
Dewayne Bolling	Mountain Empire Older Citizens	AAA/ PT	PDC 1	276-523-7433	dbolling@meoc.org
Hampton	Graham Transit/Town of Bluefield	PT		276-322-4628	hampton@bluefieldva.org
Joe Ratcliff	Four County Transit of AASC	PT	PDC 2	276-964-7182	jratcliff@aasc.org
David Barrett	Mount Rogers PDC	PDC	PDC 3	276-783-5103	dabarrett@mrpdc.org
Neil Sherman	DRPT	SD		804-786-1154	Neil.Sherman@drpt.virginia.gov

Appendix E – Demographics of Potentially Transit Dependent Persons

Cumberland Plateau (PDC 2)

DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS

Block Group Number	County	Land Area (Square Miles)	Households	Population	Population Density (Persons/SqMi)	Elderly	Mobility Disabled	Below Poverty	Autoless Households
510279901001	Buchanan	18.8	438	996	53.1	120	165	297	33
510279901002	Buchanan	32.8	830	1,949	59.4	306	264	485	60
510279901003	Buchanan	14.6	436	1,028	70.2	286	193	160	45
510279901004	Buchanan	15.1	363	745	49.2	145	151	269	21
510279901005	Buchanan	8.8	417	1,005	114.1	179	196	282	36
510279902001	Buchanan	35.6	409	919	25.8	141	136	280	40
510279902002	Buchanan	24.4	548	1,271	52.1	191	189	408	50
510279902003	Buchanan	11.1	315	715	64.4	117	261	162	24
510279902004	Buchanan	16.4	304	684	41.7	140	115	120	35
510279903001	Buchanan	6.4	284	693	108.7	104	87	114	6
510279903002	Buchanan	24.0	661	1,442	60.0	243	232	266	51
510279903003	Buchanan	16.8	751	1,566	93.1	289	157	319	97
510279904001	Buchanan	23.1	663	1,410	61.0	201	132	234	38
510279904002	Buchanan	12.4	365	730	58.7	155	70	99	24
510279904003	Buchanan	4.4	271	532	120.3	142	29	75	24
510279905001	Buchanan	32.2	461	1,003	31.1	169	96	256	51
510279905002	Buchanan	34.7	325	666	19.2	132	72	111	42
510279906001	Buchanan	19.0	359	820	43.1	133	86	184	0
510279906002	Buchanan	19.4	461	1,867	96.1	183	162	219	26
510279906003	Buchanan	11.2	462	904	80.4	185	120	203	47
510279906004	Buchanan	11.3	260	575	50.8	87	75	111	13
510279906005	Buchanan	21.9	384	847	38.7	115	123	160	29
510279907001	Buchanan	18.5	412	909	49.2	145	89	261	22
510279907002	Buchanan	31.2	728	1,562	50.1	273	199	367	76
510279907003	Buchanan	21.2	601	1,298	61.1	228	186	395	71
510279907004	Buchanan	18.4	379	842	45.7	157	164	133	45
510519901001	Dickenson	32.9	423	913	27.8	172	128	271	39
510519901002	Dickenson	6.8	537	1,189	175.6	183	165	356	81
510519901003	Dickenson	12.3	560	1,181	95.6	224	221	219	18
510519901004	Dickenson	20.4	446	1,072	52.5	157	182	202	14
510519902001	Dickenson	27.5	660	1,372	49.9	296	150	259	69
510519902002	Dickenson	19.1	387	846	44.3	175	98	208	46
510519902003	Dickenson	2.2	360	794	365.7	223	79	116	41
510519903001	Dickenson	26.9	853	1,820	67.5	340	285	294	72
510519903002	Dickenson	7.2	576	1,156	161.0	261	197	211	78
510519903003	Dickenson	10.7	471	982	91.7	226	159	245	49
510519903004	Dickenson	9.8	334	700	71.7	168	136	220	17
510519903005	Dickenson	21.1	508	1,101	52.1	194	79	248	50

Cumberland Plateau (PDC 2)

DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS

Block Group Number	County	Land Area (Square Miles)	Households	Population	Population Density (Persons/SqMi)	Elderly	Mobility Disabled	Below Poverty	Autoless Households
510519904001	Dickenson	44.5	315	617	13.9	109	89	153	50
510519904002	Dickenson	39.1	398	802	20.5	176	100	142	29
510519904003	Dickenson	21.0	318	674	32.0	106	33	115	25
510519904004	Dickenson	30.2	538	1,176	38.9	219	168	201	43
511679901001	Russell	20.9	655	1,469	70.2	243	126	277	59
511679901002	Russell	17.6	555	1,209	68.8	178	146	158	29
511679901003	Russell	7.2	455	944	130.5	179	67	224	31
511679901004	Russell	1.7	326	723	436.5	109	130	204	22
511679901005	Russell	19.2	402	943	49.1	137	173	184	24
511679902001	Russell	9.0	385	782	86.9	175	106	186	58
511679902002	Russell	44.4	308	643	14.5	142	75	46	13
511679902003	Russell	10.4	396	693	66.4	162	86	164	59
511679902004	Russell	14.5	295	677	46.7	106	52	166	23
511679902005	Russell	30.5	695	1,629	53.4	300	236	209	28
511679902006	Russell	3.9	576	1,242	315.2	278	176	160	92
511679903001	Russell	12.9	493	1,141	88.5	203	101	176	27
511679903002	Russell	16.3	386	868	53.1	170	101	149	23
511679903003	Russell	13.2	360	809	61.1	135	72	32	31
511679903004	Russell	50.1	535	1,256	25.1	250	162	199	33
511679904001	Russell	30.4	553	2,337	76.9	242	119	75	34
511679904002	Russell	48.0	706	1,545	32.2	236	98	154	51
511679904003	Russell	24.0	550	1,274	53.2	192	126	198	34
511679904004	Russell	10.2	372	889	87.3	152	97	67	10
511679904005	Russell	5.1	393	900	177.0	172	117	168	25
511679904006	Russell	7.9	652	1,558	197.2	365	170	206	38
511679904007	Russell	0.4	366	768	1,736.6	232	91	197	88
511679905001	Russell	15.7	284	592	37.7	117	83	114	45
511679905002	Russell	5.4	312	721	133.1	129	74	101	28
511679905003	Russell	5.1	458	949	185.4	185	137	212	60
511679906001	Russell	14.5	352	764	52.7	139	126	129	42
511679906002	Russell	21.3	466	1,046	49.0	196	226	183	26
511679906003	Russell	10.1	526	1,152	114.4	265	150	197	23
511679906004	Russell	4.7	379	785	168.7	157	93	192	21
511859901001	Tazewell	30.5	1,407	3,037	99.7	688	367	515	98
511859902001	Tazewell	9.7	854	1,683	174.1	442	189	118	78
511859902002	Tazewell	1.8	450	952	536.2	288	56	30	7
511859902003	Tazewell	1.1	454	860	792.2	242	87	88	63
511859902004	Tazewell	1.1	224	685	621.0	87	107	79	31
511859902005	Tazewell	2.9	413	888	303.8	147	19	295	66
511859903001	Tazewell	18.6	526	1,144	61.6	245	100	267	77
511859903002	Tazewell	3.6	339	799	220.1	135	85	214	10
511859903003	Tazewell	5.9	429	1,009	172.3	203	99	218	19
511859903004	Tazewell	4.0	301	661	167.3	136	65	95	9

Cumberland Plateau (PDC 2)

DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS

Block Group Number	County	Land Area (Square Miles)	Households	Population	Population Density (Persons/SqMi)	Elderly	Mobility Disabled	Below Poverty	Autoless Households
511859903005	Tazewell	10.7	388	836	78.5	179	212	79	34
511859903006	Tazewell	2.8	329	667	241.8	147	82	202	26
511859903007	Tazewell	14.8	458	1,015	68.8	177	111	134	46
511859903008	Tazewell	23.4	404	838	35.9	194	66	77	31
511859904001	Tazewell	1.5	441	1,059	696.2	164	105	117	14
511859904002	Tazewell	5.7	400	843	147.5	183	115	134	24
511859904003	Tazewell	3.4	364	748	221.4	165	91	147	38
511859904004	Tazewell	3.3	406	752	229.1	155	107	43	35
511859904005	Tazewell	41.1	419	884	21.5	190	123	247	58
511859905001	Tazewell	6.2	363	827	132.9	143	144	222	18
511859905002	Tazewell	3.4	1,176	2,516	747.2	387	298	457	155
511859906001	Tazewell	36.9	1,049	2,510	68.0	335	244	402	23
511859906002	Tazewell	60.2	435	1,011	16.8	155	90	73	32
511859906003	Tazewell	25.9	316	762	29.5	150	110	74	12
511859907001	Tazewell	6.6	749	2,027	309.4	542	196	377	113
511859907002	Tazewell	90.3	543	1,109	12.3	187	63	71	33
511859908001	Tazewell	11.8	597	1,364	115.3	198	117	197	23
511859908002	Tazewell	5.4	322	720	134.0	124	48	92	11
511859909001	Tazewell	14.1	756	1,462	103.7	382	209	197	125
511859909002	Tazewell	11.5	337	726	63.3	156	144	137	76
511859910001	Tazewell	0.4	320	686	1,835.5	120	127	190	70
511859910002	Tazewell	2.3	681	1,432	625.1	290	185	313	61
511859910003	Tazewell	0.9	554	1,087	1,275.8	233	110	185	52
511859910004	Tazewell	9.6	476	1,025	106.5	197	147	165	17
511859911001	Tazewell	3.1	276	584	188.8	126	36	123	8
511859911002	Tazewell	1.4	465	914	675.4	233	57	155	66
511859911003	Tazewell	8.9	579	1,304	146.9	297	115	49	31
511859911004	Tazewell	21.1	509	1,100	52.2	230	129	146	8
511859911005	Tazewell	14.4	881	2,072	143.7	587	284	15	38
		1,830.0	53,152	118,279	19,296.7	22,580	14,573	20,896	4,540

Appendix F – Statement of Participation

Requested Action

In order to meet the spirit and intent of the SAFETEA-LU legislation and the *Final FTA Guidance on Coordinated Planning Requirements*, workshop participants representing the 21 PDCs are requested to affirm that they have been involved in the coordinated planning process for their region and endorse the output of that involvement, as captured by their local CHSM Plan.

Statement of Participation

As a participant and/or stakeholder in the coordinated planning process in the Commonwealth of Virginia for human service and public transportation, I have been invited to participate and provide input into the CHSM Plan for my region. I acknowledge that this CHSM Plan is a legitimate representation of my region's needs, gaps, strategies, and potential projects that will support future funding applications under the Section 5310, S. 5316, and S. 5317 Programs.

Participating Agency (Please sign your Agency Name only)

- Mount Rogers Community Services Board
- District Three Senior Services
- District Three Public Transit
- Appalachian Independence Center
- Mountain Empire Older Citizens, Inc.
- Graham Transit/Town of Bluefield
- Four County Transit of the AASC

